



UNDERGRADUATE SECTION Application for Suspension/Discontinuation of Candidature for an Undergraduate Degree offered by the Faculty of Science

I wish to apply for (tick box):

Suspension of Candidature <input type="checkbox"/>	Discontinuation of Candidature <input type="checkbox"/>
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INSTRUCTIONS TO STUDENTS

1. **ALL** sections of the form **MUST** be completed correctly, **INCLUDING** your **SID**, or the form **will NOT** be processed.
2. The **MAXIMUM** length permissible for a Suspension of Candidature of an Undergraduate Degree is **TWO SEMESTERS** at a time.
3. You **cannot undertake study at another Institution** during Suspension of Candidature from the University of Sydney unless specific permission has been granted by the Dean of the Faculty of Science.
4. You **MUST** notify the **Faculty of Science** that you intend to resume your candidature following your Suspension. If you do not notify the Faculty of Science of your intention to resume study **YOUR CANDIDATURE WILL LAPSE**.
5. Application to Discontinue your Candidature will **TERMINATE** your enrolment in your current degree at the University of Sydney. You will need to apply through the Universities Admission Centre to undertake future study at the University.

SECTION A: Student Details			
Surname:			
Given Names:			
SID:			
Degree:			
Residency (tick box):	Local <input type="checkbox"/>	International <input type="checkbox"/>	

SECTION B: Contact Details			
Address:			
Suburb:	State:	Postcode:	
E-mail:			
Phone (home):	Phone (mobile):		

SECTION C: Suspension Details			
This section MUST be completed by students applying for Suspension of Candidature .			
Commencement:	Semester:	Year:	
Length of suspension (tick box):	One semester <input type="checkbox"/>	Two semesters <input type="checkbox"/>	
Recommencement:	Semester:	Year:	



SECTION D: Reason for Request

This section **MUST** be completed by **ALL** applicants.

SECTION E: Declaration

Your application **CANNOT** be considered unless you accept all conditions set out below by signing and dating this declaration.

1. I certify that I have read and understand the instructions on this form.
2. I certify that all of the information supplied by me on this form is complete and correct.
3. I understand that I cannot undertake study at another Institution during a Suspension of Candidature from the University of Sydney unless permission has been granted by the Dean of the Faculty of Science.
4. I understand that I must notify the Faculty of Science that I wish to resume candidature following my Suspension, and that my candidature will lapse if I fail to do so.
5. I understand that an application to Discontinue my Candidature will result in termination of enrolment in my current degree at the University of Sydney.

SIGNATURE:

DATE:

SECTION F: Faculty Decision

For Faculty Office Use Only

Suspension of Candidature <input type="checkbox"/>		Discontinuation of Candidature <input type="checkbox"/>	
Residency:	Local <input type="checkbox"/>	International <input type="checkbox"/>	
Commencement:	Semester:	Year:	
Length of suspension (tick box):	One semester <input type="checkbox"/>	Two semesters <input type="checkbox"/>	
Recommencement:	Semester:	Year:	
Approved (signature):		Date:	