



Division of Research and Development

### Advice of Return from Suspension

**Student Details**

Surname:	Student Number:
Given Name:	Title (Mr/Mrs/Ms etc):
Faculty:	Full or Part Time:
Current Mailing Address:	
Email Address:	
Date Suspension due to expire:	
I confirm that I will return from suspension on:	
Signature: _____ Date: _____	

**Please note this form needs to be returned to the Graduate Centre (Level 1, Chancellery Building) at least 2 weeks before the expiry of suspension. Failure to do so could delay resumption of scholarship payments.**

**Actioned**

Research Degrees Officer (Scholarships)

CC Faculty, Supervisor