



Graduate Research Office
Advice of Return from Suspension

Student Details					
Student Number:					
Given Name:			Surname:		
Email Address:					
School:					
Supervisor(s):					
Are you on a Scholarship	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Scholarship Type:
Suspension Dates:	Start	<input type="text"/>		Finish	<input type="text"/>
Return from Suspension date:					
Comments:					
Student Signature:					Date
Supervisor signature:					Date
Graduate Research Office:					Date

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