



**The University of Sydney  
Postgraduate Section  
Faculty of Arts**

**Phone: 9351 3240 (Coursework) or 9351 4807 (Research)  
Fax: 9351 2045**

- Suspension of Candidature**                       **Counting Time Away**  
 **Leave of Absence (Less than a Semester)**                       **Completing Away**

If you are applying for a suspension you must return this form to the Faculty of Arts office no later than the 25 March for 1st semester of full-year suspension or 25 August for 2nd semester suspension. Applications past these dates will adversely affect your HECS exemption scholarship. **Coursework students** must discontinue from any courses they are currently enrolled in before this application is submitted. Please return this form to the Postgraduate Section, Faculty of Arts, University of Sydney NSW 2006. Please note that you need to advise the Faculty that you wish to recommence candidature a month prior to the start of semester.

**SECTION A: (to be completed by the student)**

**Name:** \_\_\_\_\_ **SID:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone: (Work)** \_\_\_\_\_ **(Home)** \_\_\_\_\_

**Degree:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Full-time/Part-time:** \_\_\_\_\_ **Supervisor/Advisor:** \_\_\_\_\_

**Degree Commenced:** \_\_\_\_\_ **Latest Date of Completion:** \_\_\_\_\_

**Total Period of Previous Suspensions:** \_\_\_\_\_ **Total Period of Previous Extensions:** \_\_\_\_\_

**SUSPENSION: (tick as required)**                       **One Semester**                       **Two Semesters**

**Suspension commencing:** \_\_\_\_\_

**LEAVE OF ABSENCE: (specify)**                      **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

*NB.: Suspensions are granted in semester lengths. Leave of absence is granted for less than a full semester.*

**COUNT TIME AWAY: (tick as required)**  
 **One Semester**                       **Two Semesters**                       **Other (Specify)**

**Supervision arrangements whilst away:** \_\_\_\_\_

**Reason for Request:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**COMPLETING AWAY:**

Work already completed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Detailed timetable for completion: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION B: (to be completed by Supervisor)**

Comment on the candidate's request and where appropriate, on the information supplied in Section B. If the candidate is requesting permission to count time away or to complete away, specify the arrangements being made to ensure adequate supervision during the relevant period.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION C: (to be completed by Head or P/G Coordinator of Department/School/Centre)**

The request is  Supported  Not Supported (tick as appropriate)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE FORWARD TO THE POSTGRADUATE SECTION, ARTS FACULTY OFFICE, MAIN QUAD A14

**SECTION D: (to be completed by Faculty Office)**

Total period of previous Suspensions: \_\_\_\_\_

New completion dates: Earliest date \_\_\_\_\_ Latest date \_\_\_\_\_

Suspension/Leave of Absence (delete as appropriate) Approved: \_\_\_\_\_

Permission to Count Time Away from \_\_\_\_\_ to \_\_\_\_\_

Permission to Complete Away granted from \_\_\_\_\_

Associate-Dean's/Dean's Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Postgraduate Matters Committee (where applicable): \_\_\_\_\_