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| **REQUEST FOR PERMISSION TO PAUSE SCHOLARSHIP*** Scholarships are intended to be held on a continuous basis without a break. However, if a Scholar has any change in circumstances that will affect their Scholarship (e.g. if a period of deferral is required due to illness or maternity leave before a Scholarship is started), the Scholar must inform and seek prior approval from the Council. In such instances, medical certificates will be required.
* Scholars are advised to organise the supporting documentation and request before contacting the Council.
* The Council will only consider requests made in advance of the period of deferral.
* Please note that it is the Scholar’s responsibility to notify the relevant authorities in their Higher Education Institution and Enterprise/Employment Partners that the Fellowship has been deferred.
* Please note that where possible the start and finish dates for the period of suspension should be the first /end of the month i.e. 1 October -31 March
 |
| **Section 1 – For completion by Scholar** |
| Name of Scholar:(BLOCK CAPS) | Year of Award: |
| Institution:  |
| Email address: |
| *Details* |
| Reason for deferral: | Illness (√)  |  |
| Maternity leave(√) |  |
| Other (√) Please specify |  |
| Please give a brief outline of your reasons for requesting a period of deferral before taking up your Scholarship and include medial certificates if appropriate:  |
| Duration of deferral:Dates of deferral period:Confirmation of new start date: |
| Signature: | Date:  |
| **Section 2 – For completion by Academic Supervisor** |
| I hereby confirm that I support the request to defer the Scholarship as outlined above. |
| Name: (BLOCK CAPS)Signature:  | Position: Date: |
| **Section 3 – For completion by Enterprise/Employment Mentor** |
| I hereby confirm that I support the request to defer the Scholarship as outlined above. |
| Name: (BLOCK CAPS)Signature:  | Position: Date: |
| **Section 4 – For completion by Head of Department/ Research Office/Dean of Graduate Studies or their authorised nominee** |
| I hereby confirm that *[insert HEI name]* supports the request to defer the Fellowship as outlined above. |
| Name: (BLOCK CAPS)Signature:  | Position:Date: |
| **Section 5 – For completion by Finance Office** |
| I hereby confirm that the Finance Office has been advised of the request to defer the scholarship as outlined above. |
| Name: (BLOCK CAPS)Signature:  | Position:Date: |
| **FOR OFFICE USE**  |
| Received:  | Approved (√): Yes | No |
| Comment: |