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| **V:\IRC Logo\IRC Logo.jpg** | | | | |  | |
| **REQUEST FOR PERMISSION TO SUSPEND 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 suspension is required due to illness or maternity leave), 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 suspension. * Please note that it is the Scholar’s responsibility to notify the relevant authorities in their Higher Education Institution that the Scholarship has been suspended. * 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 & title of Award: | | | | |
| Institution: | | | | | |
| Email address: | | | | | |
| *Details* | | | | | |
| Reason for suspension: | Illness (√) | |  | | |
| Maternity leave(√) | |  | | |
| Other (√) Please specify | |  | | |
| Please give a brief outline of your reasons for requesting a period of suspension of your Scholarship | | | | | |
| Duration of suspension:  Start: and finish: | | | | | |
| If period of suspension is required due to illness, have you included medical certificates? | Yes (√) |  | | | |
| No(√) |  | | | |
| Signature: | Date: | | | | |
| **Section 2 – For completion by Supervisor** | | | | | |
| I hereby confirm that I support the request to suspend the scholarship as outlined above. | | | | | |
| Name:  (BLOCK CAPS)  Signature: | Position:  Date: | | | | |
| **Section 3 – 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 suspend the scholarship as outlined above. | | | | | |
| Name:  (BLOCK CAPS)  Signature: | Position:  Date: | | | | |
| **FOR OFFICE USE** | | | | | |
| Received: | Approved (√): Yes | | | No | |
| Comment: | | | | | |