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| **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
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| **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: |