A close up of a logo

Description generated with very high confidence

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| **REQUEST FOR PERMISSION TO SUSPEND SCHOLARSHIP**   * Scholarships may not be deferred or suspended other than for eligible career breaks or, in the case of suspensions, to undertake an internship. * Eligible career breaks include maternity leave, paternity leave, adoptive leave, prolonged sick leave and carer’s leave. * Provision of documented evidence (e.g. a medical certificate) of an eligible career break will be required if a deferral or suspension is to be granted. * 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 (i.e. research and finance offices) that their scholarship has been suspended. * Please note that, where possible, start and finish dates for the period of suspension should be the first and last dates of the month i.e. 1 October — 31 March. |

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| **Section 1 – For completion by the scholar** |

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| Name: |  | | | |
| Project ID: |  | | | |
| Higher education institution: |  | | | |
| Email address: |  | | | |
| Supervisor: |  | | | |
| Reason for suspension: | Maternity leave | |  | |
| Paternity leave | |  | |
| Adoptive leave | |  | |
| Prolonged sick leave | |  | |
| Carer’s leave | |  | |
| Internship | |  | |
| Please give a brief outline of your reasons for requesting a period of suspension: | | | | |
| Duration of suspension: | | Start date:  --/--/----- | | End date:  --/--/----- |
| Proposed new scholarship end date: | | --/--/----- | | |
| If the period of suspension is due to prolonged sick leave, have you included a medical certificate? Please note that medical certificates should specify the start and end dates during which time you are expected to be unable to undertake your scholarship. They should also specify the date you are expected to become fit to recommence your scholarship. Neither the certificate nor this form should include specific details of the condition or treatment for which you are seeking a suspension. | | | | |
| Signature: |  | | | |
| Date: |  | | | |

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| **Section 2 – For completion by the SUPERVISOR** |

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| I hereby confirm that I support the request to suspend this scholarship as outlined above. | |
| Signature: |  |
| Date: |  |

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| **Section 3 – For completion by Research Office, Dean of Graduate Studies or HEAD OF FINANCE** |

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| I hereby confirm that *[higher education institution name]* supports the request to suspend this scholarship as outlined above. | |
| Name: |  |
| Position: |  |
| Signature: |  |
| Date: |  |
| Please authorise with institutional seal or stamp: | |