

Resumption form

This form is to be completed and returned to the Research Degrees Office immediately upon resumption of studies following an approved period of leave, suspension of scholarship or study away. **Failure to notify the Research Degrees Office of your return will jeopardize your enrolment and result in the suspension of all scholarship payments.**

The information on this form is collected for the primary purpose of providing notification of resumption of candidature/award or returning from intermission/study away/sick leave/maternity leave/special leave or scholarship suspension. Other purposes of collection include attending to administrative matters, corresponding with you and statistical analysis. If you choose to complete only part of this form, it will not be possible for the Faculty to resume / recommence / restart your candidature or award. You have a right to access personal information that Monash University holds about you, subject to any exceptions in relevant legislation. If you wish to access your personal information please contact the University Privacy Officer on 9905 6011.

Section A – To be completed by the candidate

Family name:	<input type="text"/>	Title:	<input type="text"/>
Given Names:	<input type="text"/>	ID No:	<input type="text"/>
Degree:	<input type="text"/>	Department/school:	<input type="text"/>
Mailing address:	<input type="text"/>		
Telephone No:	Home: <input type="text"/>	Work:	<input type="text"/>
Scholarship (if applicable)	<input type="text"/>	Commencement date:	<input type="text"/> / <input type="text"/> / <input type="text"/>
I am returning from: (Please place X in the appropriate box)			
<input type="checkbox"/>	Intermission	<input type="checkbox"/>	Suspension of scholarship
<input type="checkbox"/>	Study Away	<input type="checkbox"/>	Maternity Leave
<input type="checkbox"/>		<input type="checkbox"/>	Special leave
<input type="checkbox"/>		<input type="checkbox"/>	Sick leave
I certify that I recommenced studies in my department on:			Date: <input type="text"/> / <input type="text"/> / <input type="text"/>
Candidate's Signature:	<input type="text"/>	Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>

Section B – To be completed by the Director of Research/Head of Department

I certify that above mentioned student recommenced studies in this department/school on (please check date stated by candidate in section A:		Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>
Director of Research/ Head of Dept name:	<input type="text"/>	Email:	<input type="text"/>
Director of Research/ Head of Dept signature:	<input type="text"/>	Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>

Section C – Faculty use only

Approval - candidature	Resumption Rpt	Callista	Card	Approval - payroll	Enrolled FT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

This completed form should be submitted to:

Faculty of Education, Research Degrees Office
 Building 6, Clayton Campus, Wellington Rd
 Monash University, VIC 3800, Australia
 Telephone + 61 3 9905 2821