*Please complete this form if your stipend has been suspended and you would like payments of your stipend to recommence.*

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| --- | --- | --- | --- |
| **Section 1: Candidate details** | | | |
| Name of candidate |  | | |
| Faculty |  | | |
| Principal Supervisor |  | | |
| Course | PhD  Masters | Student Number |  |
| Scholarship | RTP  CDIPS  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| **Section 2: Candidate request** | | |
|  | I have previously been on a leave of absence and recommencing enrolment | |
|  | I have previously been enrolled part-time and have recommenced full-time enrolment | |
|  | Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Date for end of stipend suspension: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Signature: | | Date: |

|  |  |  |
| --- | --- | --- |
| **Section 3: Endorsement from Principal Supervisor confirming student has recommenced research** | | |
| Name | Signature | Date: |

***Candidate:*** *Please submit this form to* [*research.degrees@cdu.edu.au*](mailto:research.degrees@cdu.edu.au) *once endorsed by Principal Supervisor. Please ensure form is submitted at least two weeks before recommencement of stipend payments. Please contact ORI at* [*research.degrees@cdu.edu.au*](mailto:research.degrees@cdu.edu.au) *if you require to update your banking details.*