

Honours Student Request for; Change in Study Load or Interruption, Withdrawal or Extension form



SECTION 1: PERSONAL DETAILS

Given Name:		Family Name	
Student ID Number:		Phone (M):	
Phone (H):		Phone (W):	
Address:			
Suburb:		State:	Postcode:
E-Mail: _____			
NB: Students currently enrolled MUST communicate with the University via their official university (@students.mq.edu.au) email account. All correspondence regarding your application will be sent to this account ONLY.			
Name of program you are enrolled in: eg. Bachelor of Arts (Honours)			

SECTION 2: REQUEST TYPE

I am applying for: (Tick all that apply)

<input type="checkbox"/> Change Study Load from FULL-TIME to PART-TIME	GO TO: Section 3
<input type="checkbox"/> Change Study Load from PART-TIME to FULL-TIME	GO TO: Section 3
<input type="checkbox"/> Interruption to my program for one academic semester	GO TO: Section 3
<input type="checkbox"/> Interruption to my program for one full academic year	GO TO: Section 3
<input type="checkbox"/> Withdrawal from my Honours program (BEFORE first Census date relevant to this program)	GO TO: Section 3
<input type="checkbox"/> Withdrawal from my Honours program (AFTER first Census date, or one or more semesters)	GO TO: Section 3

NOTE: It is University policy that *if you are readmitted to the Honours program after withdrawal, no credit will be given for work previously completed in the Honours program.*

<input type="checkbox"/> Extension to my program	GO TO: Section 4A
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SECTION 3: REQUEST EFFECTIVE DATE

I would like the above request for Change in Study Load, Interruption or Withdrawal to be effective from: (enter one of the below)

<input type="checkbox"/> DD/MMM/YYYY: (eg. 12 FEB 2007)	GO TO: Section 4B
<input type="checkbox"/> Sem #, YYYY: (eg. Semester 1 2007)	GO TO: Section 4B

SECTION 5: SUPPORTING DOCUMENTATION

- Supporting documentation **MUST** be submitted with this application.
- All supporting documentation must be **Originals or Certified Copies**.

I have attached the following supporting documents: (Tick all that apply)

- Medical Certificate or Statement from Doctor (for requests on the basis of own illness)
- Statement from Doctor, Counsellor or independent member of community (for requests on the basis of family or personal circumstances)
- Letter from Employer stating the number of hours of employment per week (for requests on the basis of employment)
- Statement from your Division (for requests that are course related)
- Other, please indicate:
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SECTION 6: DECLARATION

I declare that the information given on this application is correct.

AND

I have attached the required supporting documentation.

Signed: _____ Date: _____

Personal information collected on this form or supplied by you to the University will be treated in the strictest confidence in accordance with the Privacy Act of 1988 and any relevant guidelines.

The information in this form is used for the purpose of assisting the University to make an informed decision on your case. If your application for remission is approved, the Department of Education, Science and Training (DEST) will be supplied with the necessary details for your debt to be removed or reduced. Some information on this form may also be supplied to (DEST) if further information on your application is required.

The authority to collect this information is contained in the Higher Education Support Act 2003.

Please submit this application form and supporting documentation to:

By Post To:

**Assistant Registrar
Coursework Studies Section
Level 1 Lincoln Building (C8A)
Macquarie University NSW 2109**

In Person To:

**Assistant Registrar
c/- Student Enquiry Service
Level 1 Lincoln Building (C8A)**