

Masters by research candidates who do not wish to continue with their research program are required to complete this form notifying the University of their Intention to withdraw.

A candidate who withdraws from candidature will not be re-admitted to candidature within four years from the effective date of withdrawal.

Where a candidate has made good progress to date and where there are special circumstances relating to a candidate's request for withdrawal, the Committee of Graduate Studies may approve withdrawal in good standing. In these circumstances, a candidate may be readmitted with out having to wait for the mandatory four years to elapse. When readmission to candidature is sought at a later date, credit may be sought for the previous research undertaken. Scholarship holders must contact the Monash Research Graduate School to withdraw from their scholarship.

The University's privacy statement can be viewed at <http://www.monash.edu.au/legals/privacy.html>

SECTION 1 – TO BE COMPLETED BY CANDIDATE

Student #: Department:

Degree: MFA MA MDES Full-time Part-time

Family Name: Title:

Given Names:

Postal Address:

Monash email:

Telephone: Home: Work:

Current submission date: / /

Effective date of withdrawal: / /

Scholarship: Yes No Details

I wish to withdraw from MFA/MA/MDes candidature

I wish to withdraw from MFA/MA/MDes candidature in good standing

PLEASE PROVIDE REASONS FOR WITHDRAWAL (ATTACHING ADDITIONAL SHEET(S) IF NECESSARY):

Applicant's Signature: _____

Date: / /

SECTION 2 – TO BE COMPLETED BY MAIN SUPERVISOR

I SUPPORT the student's application to: Withdraw

Withdraw in Good Standing

I DO NOT SUPPORT the student's application to: Withdraw

Withdraw in Good Standing

Comment:

Please provide a statement on the candidates' progress:

Supervisor's Name: _____

Supervisor's Signature: _____

Date: / /

SECTION 3 – TO BE COMPLETED BY HEAD OF DEPARTMENT

I SUPPORT the student's application to: Withdraw

Withdraw in Good Standing

I DO NOT SUPPORT the student's application to: Withdraw

Withdraw in Good Standing

Comment:

Head of Department's Name _____

Head of Department's Signature: _____

Date: / /

Please forward to Executive Officer, COGS

SECTION 4 – COGS ENDORSEMENT

Approved Not Approved

Callista Entered:

Executive Officer's Signature: _____

Date: / /

