



Intermission of Scholarship Form

Please complete your personal details

Deakin University

Student ID:

Surname: Given

Names:

Correspondence

Number and street name

Address:

Suburb

State

Postcode

Telephone:

Email address:

Please provide details of scholarship held:

Please provide details of intermission (e.g. duration and reason):

Signed: _____ Dated: ____/____/____

Please complete this form and return it to:

Scholarships and Financial Assistance
Division of Student Administration
Deakin University
221 Burwood Highway Burwood VIC 3125