



THE UNIVERSITY OF
MELBOURNE

Melbourne Scholarships Office (MSO) Variation to Scholarship Application Form

Please return your completed form to the MSO:
Level 3, John Smyth Building (Swanston Street)
The University of Melbourne, Victoria 3010
Email: scholarships-administration@unimelb.edu.au
Fax: +61 3 8344 1740 Phone: +61 3 8344 8747

Please Note the Following:

It is important to read the terms and condition of your scholarship carefully before submitting this form.

You must contact your faculty separately about making a change to your enrolment.

Each application is considered on an individual basis taking into account your particular scholarships terms and conditions and any academic progress issues.

Submitting an application does not guarantee approval. Variation forms must be submitted to the MSO during course re-enrolment and no later than the commencement date of semester.

Please sign your form before it is submitted unless you are emailing it from your University of Melbourne email address.

Personal Details

Student ID		Given Name	
Title		Family Name	

Current Enrolment

Degree Code		Degree Title	
Degree Code		Degree Title	

Scholarship Type (please indicate with an X)

Commonwealth Accommodation Scholarship	
Commonwealth Education Costs Scholarship	
Melbourne Access Scholarship	
Melbourne National Scholarship	
International Undergraduate Scholarship	
Faculty Access Scholarship	
Faculty Merit Scholarship	
Other:	

Variation Type (please indicate with an X)

1.	Leave of Absence	
2.	Return from Leave of Absence	
3.	Transfer to a New Course (including honours)	
4.	Enrolment in a Concurrent Diploma	
5.	Enrolment Overload	
6.	Enrolment in a Summer Semester subject	
7.	Part Time Enrolment	
8.	Extension of Scholarship	

Office use only

Approved		Sponsor rows loaded	
Updated		New end date	
Comment			
Signed		Dated	

Variation Details**1. Application for Leave of Absence (please indicate with an X)**

Start Date	1 Jan	<input type="checkbox"/>	or 1 Jul	<input type="checkbox"/>	End Date	30 Jun	<input type="checkbox"/>	or 31 Dec	<input type="checkbox"/>
Reason									

2. Notification of return from Leave of Absence (please indicate with an X)

Return Date	1 Jan	<input type="checkbox"/>	or 1 Jul	<input type="checkbox"/>
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3. Application to transfer scholarship to new course

New course code		New course title	
Current scholarship end date		New scholarship end date	
Commencing semester (eg Semester 2 2009):			

4. Notification of intention to enrol in a concurrent diploma (please indicate with an X)

Diploma code		Diploma title	
I am	<input type="checkbox"/>	am not	<input type="checkbox"/>
applying for my scholarship to cover my enrolment in a concurrent diploma			

5. Application for scholarship to cover an overload

Semester		Subject code		Subject title	
Semester		Subject code		Subject title	
Reason for overload:					

6. Application for scholarship to cover a summer semester subject

Subject code		Subject title	
Subject code		Subject title	
Reason for summer enrolment:			

7. Notification of part time enrolment (please indicate with an X)

I am aware that it is a condition of my scholarship that I remain enrolled full time unless I have been affected by extenuating circumstances	<input type="checkbox"/>
I have been affected by extenuating circumstances and intend to reduce my enrolment to part time and I would like my scholarship to continue to sponsor my part time enrolment	<input type="checkbox"/>
I intend to reduce my enrolment to part time but I understand that my scholarship will not continue to sponsor my part time enrolment	<input type="checkbox"/>
I have attached documentation which supports my application	<input type="checkbox"/>
Reason for part time enrolment:	

8. Application for extension of scholarship

I am applying for my scholarship to be extended until the following date:
Reason for extension:

Faculty Approval (required for Faculty Merit, Faculty Access & International Undergraduate Scholarships only)

This application has been approved by the Faculty Scholarships Officer of the faculty bestowing the scholarship.

Faculty	
Signature	Given Name
Title	Family Name

Student Declaration

I declare that the information presented in this form is true and complete. I acknowledge that the University may terminate my scholarship at any time if I have misrepresented my past and/or present circumstances.

Signature*		Date	
Please print name			

* If you are emailing this form you do not need to sign it as long as it is sent from your University of Melbourne email address.

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Fax: +61 3 8344 3734