SUSPENSION/TERMINATION OF STIPEND

Higher Degree Research Unit / Undergraduate Studies / Macquarie International to complete:

Submit this form to: **a) Suspend from payroll until further notice**

                                    b) Calculate overpayment

Faculty/Office: _____   Student Number: _____

Family Name: _____   Other Names: _____

Suspend Stipend/Living Allowance for the above student at the next available pay: ____ / ____ / _____

Calculate overpayment of Stipend/Living Allowance at:

☐ Termination date of: ____ / ____ / _____

OR

☐ Suspension date of: ____ / ____ / _____

Signature of Scholarship Officer: _____   Fax calculation to ext. _____

HR USE ONLY:

Hourly Rate ($)	Period From DD/MM/YY	Period To DD/MM/YY	Total ($)

MACQUARIE
UNIVERSITY