



PG019 APPLICATION FORM

UCT FACULTY INTERNATIONAL STUDENT BURSARIES

CLOSING DATES

31 October

31 January

28 April

Please submit the form with supporting documentation to Room 2.26 Level 2, Leslie Commerce Building before the closing date: Note that incomplete applications will not be considered.

Documentation that must be submitted with the application form:	Checklist <input type="checkbox"/>
1. Detailed letter of anticipated income from ALL sources e.g. scholarships, salaries, governmental or other agency funding.	
2. Copies of bank statements for the last 3 months.	
3. Academic transcript – returning students must provide a UCT transcript. New students must provide a transcript from previous universities they have attended.	
4. Copy of passport.	
5. New students who have not registered yet must provide confirmation of acceptance into full time study.	

1. PERSONAL INFORMATION									
STUDENT NUMBER									
TITLE (Ms/Ms/Mx)									
SURNAME									
FIRST NAME/S									
GENDER		COUNTRY OF ORIGIN							
CONTACT NUMBER/S				CELL NUMBER					
PERSONAL EMAIL ADDRESS									
Have you applied for this bursary before?	YES						NO		

2. ELIGIBILITY FOR THE AWARD OF UCT INTERNATIONAL STUDENTS FACULTY BURSARY:
Students who are not South African nationals, permanent residents or SADC nationals may apply for the award of a FACULTY INTERNATIONAL STUDENT BURSARY if they:
1. Register full-time for a Honours, Masters or PhD programme;
2. Show evidence of academic merit or satisfactory progress;
3. Demonstrate financial hardship

4. ACADEMIC INFORMATION						
Have you been formally accepted for full-time study at UCT?	Y		NO		Department	
Degree for which you will register in 2020 (Masters/ PhD)			Course code			
Year of study towards above degree in 2018 (1 st , 2 nd etc.)		Year of first registration for this degree				
Have you already registered towards the above degree?	YES		NO		DATE OF CURRENT REGISTRATION	Y Y Y Y / M M / D D

5. DECLARATION BY APPLICANT

I certify that the information given in my application is, to the best of my knowledge, complete and accurate. I agree that submission of incorrect information, or withholding information, may result in cancellation of this application or the immediate repayment by me of any award that has been paid to me on the basis of such incorrect or absent information. I agree to advise the University of any changes that may occur with regard to the information as submitted.

SIGNATURE OF APPLICANT:

DATE:

FOR RETURNING STUDENTS ONLY

To be completed by a supervisor or programme convener and sent to uctcomp@uct.ac.za by the closing date.

4. CONFIDENTIAL REPORT ON PROGRESS

NAME OF STUDENT

PROGRAMME

Funds for the support of international students are limited and are awarded on the basis of academic merit and/or financial need. Please help the Faculty Committee to identify appropriate recipients by giving candid answers/comments under the following headings:

1. Please comment on the candidate's academic progress and/or progress with their dissertation or thesis:

2. Other comments:

NAME (please print)

DATE

SIGNATURE

5. FACULTY DECISION

G.1 On behalf of the Commerce Faculty, I Declare that funds for this bursary are available from the Commerce Faculty Fund as shown below;

AMOUNT AWARDED

Dean's nominee (PRINT)

Signature

Date

R

NB. Once completed by the student, supervisor (where appropriate) this form, and its attachments should be submitted to the Faculty.



Postgraduate Centre and Funding Office

PG019 - UCT Faculty International Student Bursaries Claim Form- 2020

1. Recipient details and declaration (To be completed by the recipient)

Name of Recipient:		Student Number:	
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Declaration by Recipient:

I confirm that I am registered for a Coursework Master's study in the Department:

Faculty:		Department:	
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I declare that I am not in full-time employment. I accept this award and undertake to comply with the Conditions of Award and the University of Cape Town's Policies on Postgraduate Funding.

Signature of Recipient:		Date:	
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Please note: Only the student's **original** signature will be accepted. **No** electronic, scanned or faxed signatures are acceptable.

2. Certification of recipient (To be completed by the Faculty Office)

I, (Name and Designation) _____ certify that
(Student's Name) _____ is registered for the _____ Degree

I further certify that:
(i) the student is not a salaried employee in this Department; and
(ii) the Dean of Faculty has approved this award to the student named above.

Signature of authorised staff member :		Date:	
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Please note: Only the staff member's **original** signature will be accepted. **No** electronic, scanned or faxed signatures are acceptable.

3. Certification of bursary transfer (To be completed by the Faculty Manager)

I (Name and Designation) _____ certify that:

i) The bursary value of R _____ for the above-named student is available from fund number as indicated below

FACULTY	FUND NUMBER	COST CENTRE	GL	PLEASE TICK	PLEASE SIGN OR INITIAL
COMMERCE	231360	COM1011	GL1795		
EBE	231363	ENG1034	GL1795		
HEALTH SCI	231361	MED1054	GL1795		
HUMANITIES	231359	SSH1027	GL1795		
LAW	231358	LAW1024	GL1795		
SCIENCE	231362	SCI1007	GL1795		
GSB	231364	GSB1125	GL1795		

I UNDERSTAND AND DECLARE THAT THIS PAYMENT REPRESENTS A TRUE BURSARY AND THAT, IN LINE WITH SARS TAX REGULATIONS, THE STUDENT IS NOT PERFORMING ANY SERVICE IN RETURN FOR THE BURSARY.

Signature of Faculty Manager		Date:	
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Please note: Only the staff member's **original** signature will be accepted. **No** electronic, scanned or faxed signatures are acceptable.

For use by the Postgraduate Centre and Funding Office: Payment of Award processed by:		Date:	
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C:/formsandconditions/2012FacInterStuBursClaimFormPG019FINAL



Postgraduate Centre and Funding Office

PG021 - Clearance for registration – Postgraduate students

Note:

- In order that the student may be cleared for registration, this form **must** be completed by:
 - **students** who have been offered funding; and by
 - the **fund holder** offering such funding.
- It is important to note that this form provides **an indication** that funding as recorded below will be offered to the student by the fund holder. This funding is **not** guaranteed by the Postgraduate Centre and Funding Office (PGC&FO). The PGC&FO does **not** accept responsibility for non-payment of award(s) detailed below. The fund holder will be held accountable for the value of the award described below, and for submitting the Claim Form timeously to the PGC&FO for processing.

1. Student details (To be completed by the student)

Name:			Surname			
Student number:			Passport/Identity no.			
Registration details:	<input type="checkbox"/>	Doctoral	<input type="checkbox"/>	Masters	<input type="checkbox"/>	Honours
Do you have an outstanding fee debt?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	If Yes , state the outstanding amount: R	
Student signature:				Date		

Note: Only the student's **original** signature will be accepted. **No** electronic, scanned or faxed signatures are acceptable.

2. Fund holder details (To be completed by the fund holder)

Title (Ms./Mr./Dr./Prof.)			Name:			Surname:			
Department:									
Name of Fellowship/ Scholarship/ Bursary:									
Year of registration:			Value of Fellowship/ Scholarship/Bursary:				R		
Please write out the amount of the award in full:									
Fund holder signature:						Date:			

Note: Only the fund holder's **original** signature will be accepted. **No** electronic, scanned or faxed signatures are acceptable.

Please return to:

Postgraduate Centre and Funding Office
 Otto Beit Building, 3rd Level
 University Avenue
 University of Cape Town
 Rondebosch

Email address: PGFunding@uct.ac.za