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| **FOR OFFICE USE ONLY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Registration** | | | | |  | | | |  | | | | | **Assign Award (Item type)** | | | | | |  | | | | |  | | **Bank Details** | | | | | |  | | | |  |
| **Aid Year Activated** | | | | |  | | | |  | | | | | **Disbursed** | | | | | |  | | | | |  | | **Refund GP ID** | | | | | |  | | | |  |
| **Restricted Aid (Code)** | | | | |  | | | |  | | | | | **Refund Amount** | | | | | |  | | | | |  | | **Notes** | | | | | |  | | | |  |
| **Note:**   * **For 6 monthly payouts Departments are required to submit two claim forms for continuation of funds.** * **For 12-month payouts Departments must complete only one claim form.** * **It is the responsibility of the fund holder to ensure that the necessary funds are transferred and available for processing the awards. Awards can only be processed once funds have been transferred to the scholarship fund.** * **SAP printout of the fund showing the relevant transfer to the Departmental Scholarship fund must be attached to the claim form.** * **If any part of this form is completed incorrectly or if it contains omissions, it will not be processed** **and returned to the Department.** * **Only forms signed by the fund holder and the recipient will be accepted. No faxed, scanned copies or electronic signatures will be accepted.** * **Should the student cancel/withdraw registration or be granted Leave of Absence, or submit his/her thesis, the PGFO must be informed immediately. Recovery of any funds from the student is the responsibility of the fund holder**. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1. TO BE COMPLETED BY RECIPIENT:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name and Surname | | | | | |  | | | | | | | | | | | | | Student Number | | | | | |  | | | | PS Number | | | | | | |  | | |
| Email Address (Preferred) | | | | | |  | | | | | | | | | | | | | Cell Number | | | | | |  | | | | | | | | | | | | | |
| Degree in 2020  (e.g. Master’s) | | | | | |  | | | | | | | | | Department | | | |  | | | | | | | | | | | Faculty | |  | | | | | | |
| Registration Information | | | | | | Full-time | | | | | | | | | Part-time | | | | First date of registration towards the above degree  (Example: January 2020) | | | | | | | | | | | | | | |  | | | | |
| * 1. Are you staying in a university residence? | | | | | | | | | | | | | | | **No** | | | | **Yes** | | | | If **Yes**, cost of residence? | | | | | | | | | | | **R** | | | | |
| * 1. Full cost of tuition for 2020 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **R** | | | | |
| * 1. Cost of international fee for 2020 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **R** | | | | |
| * 1. **Tuition Fee and other charges via Fee Account** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **R** | | | | |
| * 1. Are you staying in rented accommodation? | | | | | | | | | | | **No** | | | | | **Yes** | | | | If **Yes**, cost of accommodation? | | | | | | | | **Deposit** | | | | | | **R** | | | | |
| **Note:** If you require a deposit for rented accommodation, such funds must be provided to you via the [PG002](http://forms.uct.ac.za/pg002.doc) claim form | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Monthly Rental** | | | | | | **R** | | | | |
| * 1. Have you updated your banking details on PeopleSoft? | | | | | | | | | | | | | | | | | **No** | | | **Yes** | | | |  | | | | | | | | | | | | | | |
| Signature of Recipient  **(Electronic signatures not permitted)** | | | | | | | | | |  | | | | | | | | | | | | Date | | | |  | | | | | | | | | | | | |
| ***Only forms signed by the fund holder and the recipient will be accepted. No faxed, scanned copies or electronic signatures will be accepted.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2. YOUR SCHOLARSHIP CAN ONLY BE PROCESSED AND PAID TO YOU IF THE FOLLOWING HAS BEEN DONE (PLEASE TICK):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | You have registered with the University. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | You have loaded your banking account details onto the PeopleSoft system | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Confirmed with the fund holder or administrator that the **SAP print out** indicating that the funds have been appropriately transferred and are available, **is attached** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3. TO BE COMPLETED BY THE FUND HOLDER/HEAD OF DEPARTMENT:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I certify that | |  | | | | | | | | | | | | | | | | | is a full-time student registered for the | | | | | | | | | | |  | | | | | | | | |
| degree. I further certify that she/he is not a full-time salaried employee. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of scholarship** | | | | | | | |  | | | | | | | | | | | | | **Accredited Fund number** | | | | | | | | | |  | | | | | | | |
| **Source of funding (eg. MRC etc.)** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Fund holder Name** | | | |  | | | | | | | | | **Fund holder signature:**  **(Electronic signatures not permitted)** | | | | | | | |  | | | | | | | | | | **Date** | | | |  | | | |
| ***Only forms signed by the fund holder and the recipient will be accepted. No faxed, scanned copies or electronic signatures will be accepted.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Administrator Name** | | | | | | | | | |  | | | | | | | | | | | **Office / Ext number** | | | | | | | | | | | | | |  | | | |
| 3.1 Total Monthly Departmental Scholarship value for the full 2020 year | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **R** | | | |
| **3.2 First Sixth/Twelfth months claim Note:** Ensure that the charges indicated in [1.4](#Number1_4) above have been taken into account and deducted. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **R** | | | |
| **Scholarship value** (See [3.2](#Number2_2) above) | | | **R** | | | | **Less Full Tuition Fee and other charges**  (See [1.4](#Number1_4) above) | | | | | **R** | | | | | | **Remaining credit balance** | | | **R** | | | | | | **Total Divided by** | | | | **6 months** | | | | **R** | | |
| **12 months** | | | |
| **ENQUIRIES:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bongiwe Ndamane [bongiwe.ndamane@uct.ac.za](mailto:bongiwe.ndamane@uct.ac.za) 021-650 3926  <http://www.students.uct.ac.za/students/fees-funding/postgraduate-degree-funding/bursaries-scholarships/research> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |