

**FOR OFFICIAL USE ONLY**

**a) DIRECTOR STUDENTS AFFAIRS OFFICE**

Receiving officer

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**b) FINANCE DEPARTMENT**

Fees balance \_\_\_\_\_

Does the applicant have any sponsorship (tick appropriately) Yes \_\_\_\_\_ No \_\_\_\_\_

Name of officer \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**c) PANEL RECOMMENDATION (tick appropriately)**

Approved for award \_\_\_\_\_

Not approved for award \_\_\_\_\_

Reason \_\_\_\_\_

Amount Awarded \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Stamp \_\_\_\_\_

**NOTE: - Incomplete form will not be processed**  
**- False information will lead to disqualification and a disciplinary action**

