

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

