

## **FINANCIAL AID OFFICE**

Basement, Clinical Pathology Building | P O Box 69, Medunsa 0204 E-mail: <u>FinancialAid@smu.ac.za</u> | Website: <u>www.smu.ac.za</u>

# **APPLICATION FOR A POSTGRADUATE TUITION BURSARY 2024**

## CLOSING DATE FOR SUBMISSION OF APPLICATIONS 29 MARCH 2024

	STUDENT NO.:								
	SURNAME AND INITIALS:								
	COURSE AND LEVEL OF STUDY:								
		tudents who are not employed or do not have any bursary are eligible rsary from the University. This bursary is only applicable for tuition							
	CONDITIONS (Please read carefully)								
1.	The Postgraduate Tuition Bursary is cappe registration for the stipulated period of st	d for the total amount of tuition to be paid in the academic year of udy.							
2.	Eligible students who fail to successfully co will not qualify for the bursary.	omplete their studies within the stipulated minimum period for the degree							
3.	Students who receive funding from their e	mployers or from other sources do not qualify to apply for the bursary.							
4.	Students who are registering for a qualification	ation equivalent to the one already obtained do not qualify for the bursary.							
5.	Students who have previously registered with another institution for the same qualification do not qualify.								
6.	The University reserves the right to withdraw the bursary should the student fail to disclose any material facts pertaining to the conditions for awarding the bursary.								
7.	No retrospective application is allowed.								
8.	No refunds on credit resulted due to Unive	ersity Postgraduate Tuition Bursaries.							
9.	<ul> <li>the degree:</li> <li>Honours-1 year (First time enter year of undergraduate study for</li> <li>Master's Degrees – 2 years</li> <li>Professional Master's Degrees –</li> </ul>	arded on completion of the degree within the minimum period of study for ing honours students qualify if they have obtained <b>70%</b> and above in the final the subject(s) or course(s) which they intend pursuing). 4-5 years ((Motivation required for 5 <sup>th</sup> year of study) otivation required for 4 <sup>th</sup> year of study)							
	Renewal of Postgraduate Tuition Bursary:								
	previously received the bursary	y for 2nd year Masters, or 2nd and 3rd year PhD students who have and still comply with the bursary conditions report signed by the student and supervisors							

#### PLEASE ATTACH THE FOLLOWING DOCUMENTS:

- An acceptance letter from the School indicating the student number, degree accepted to study and the discipline
- Certified copy of detailed transcript of academic record/s
- Certified copy of degree certificate (s)
- Curriculum vitae (Maximum 2 pages)
- Certified copy of identity document
- Students in 2<sup>nd</sup> or 3<sup>rd</sup> year of studies must include SMUREC certificate

#### NO FORM WILL BE ACCEPTED WITHOUT THE ABOVE DOCUMENTS

SECTION 1: APPLICANT PERSONAL INFORMATION										
TITLE:	I	FIRST NA			NAME	:(S):				
MR., MRS. MS. etc.										
SURNAME:				MIDDLE NAME(S):						
DATE OF BIRTH:				GENDER:						
				MALE			FEMALE			
CITIZENSHIP:				RACE:	;					
IDENTITY	IDENTITY			D			O YOU HAVE A DISABILITY?			
NUMBER:				YES		NO		IF YES SPECI	, PLEASE FY:	
HOME LANGUAGE				OTHE	OTHER LANGUAGES:					
MARITAL STATUS:	MARRIED		SINGLE	DIVORCED			WIDO\	WED		
HOME ADDRESS:				POSTAL ADDRESS:						
POSTAL CODE:				POSTAL CODE:						
SWAVE STUDENT EMAIL ADDRESS:										

PERS	SONAL EMAIL ADDRE	SS:								
ном	HOME TELEPHONE NO: CELL P									
1.8	ARE YOU EMPLOYED?						YES		NO	
1.9	I.9 NAME OF EMPLOYER & TEL. NO.									
1.10	DID YOU APPLY	FOR EX	TERNAL BURS	SARIES FOR 2	024?		YES		NO	
1.11	11 IF YES, HAVE YOU BEEN AWARDED A BURSARY/LOAN FOR 2024 AND WHAT IS THE AMOUNT IN RANDS						YES		NO	
SECTION 2: DETAILS OF PARENT OR LEGAL GUARDIAN OR NEXT OF KIN										
2.1	SURNAME									
2.2	FIRST NAMES									
2.3	HOME ADDRESS									
2.4	HOME TEL NO				2.5 0	ELL NO				
	SECTION 3: PARTICULARS OF HIGHEST QUALIFICATION									
3.1	L DEGREE/QUALIFICATION OBTAINED									
3.2	NAME OF INSTITUTION									
3.3	PERCENTAGE OBTAINED									
3.4	3.4 YEAR COMPLETED									
5	SECTION 4: ACA	DEMI	<b>C DETAILS</b>	OF THE D	EGRI	EE FOR	<b>WHICH YO</b>	U ARE A	PPLYI	ING
	FOR A BURSARY									
4.1	DEGREE REGISTERE	ED FOR								
4.2	YEAR OF FIRST REGISTRATION TOWARDS THE ABOVE DEGREE									
4.3	SCHOOL AND DEPARTMENT									
4.4 FIELD OF STUDY/RESEARCH TITLE										
VERIFICATION - FINANCIAL AID OFFICE										
4.1	AGGREGATE PERC	ENTAG	E VERIFIED							
4.2	QUALIFY/DO NOT QUALIFY									
4.3	.3 APPROVED									
4.4	4.4 DESIGNATION									
4.5	4.5 SIGNATURE/OFFICE STAMP									

DETAILS OF BURSARIES & LOANS HELD AND EXPECTED							
NAME OF SPONSOR	AMOUNT	YEAR					

## **DECLARATION BY APPLICANT**

I declare that the information given on this form is true and correct. I further undertake to inform the Sefako Makgatho Health Sciences University, of any change in my personal circumstances. I do not object to any legal action the University may take against me on any false information supplied in this form.

APPLICANT SIGNATURE	DATE	
WITNESS SIGNATURE	DATE	