



RESEARCH AND INNOVATION DIRECTORATE

Notice to First Time Entering Postgraduate Students

Application for a Postgraduate Tuition Bursary 2026

Format Requirement: This is a fillable form. Please ensure all information is typed directly into the document, as handwritten forms cannot be processed.

Preparation: *We recommend reading the conditions on the cover page carefully before starting your application.*

For Any Enquiries: postgraduatestudents@smu.ac.za

Note: Applications are **STRICTLY** submitted as **Physical hard copies** to the **Research and Innovation Directorate, Room S524, 5th floor, Clinical Pathology Building.**

Completeness Check: Please double-check that all required documents are attached. To ensure a fair process for everyone, late or incomplete submissions will not be considered.

Closing Date: The deadline for all submissions is **31 May 2026.**



RESEARCH AND INNOVATIVE DIRECTORATE

5th floor Room S524, Clinical Pathology Building | P O Box 163,
Medunsa 0204 | E-mail: postgraduatestudents@smu.ac.za
Website: www.smu.ac.za

APPLICATION FOR POSTGRADUATE TUITION BURSARY 2026

CLOSING DATE FOR SUBMISSION OF APPLICATIONS

31 MAY 2026

	STUDENT NO.:	
	SURNAME AND INITIALS:	
	COURSE AND LEVEL OF STUDY:	
	Any postgraduate student, whether newly admitted or continuing, who has not previously received any form of funding from any source (including NRF, employer funding, or any other bursary or sponsorship) for the qualification for which they are currently registering, and who is not employed or in receipt of any other bursary funding, is eligible to apply for a Postgraduate Tuition Bursary from the University. This bursary is applicable to tuition fees charged at first registration only.	
	ELIGIBILITY CRITERIA (Please read carefully)	
1.	The Postgraduate Tuition Bursary is a one-off award capped at the total amount of tuition to be paid in the academic year of first registration. It covers tuition fees only.	
2.	The bursary is awarded at first registration and is conditional upon the student remaining actively registered and making satisfactory academic progress in accordance with university regulations.	
3.	Students who receive funding from their employers or from other sources (e.g., NRF) do not qualify to apply for the bursary.	
4.	Students who are registering for a qualification 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 University Postgraduate Tuition Bursaries.	
9.	Academic Requirement: To qualify for this bursary, all applicants must have obtained a minimum aggregate average of 65% in their preceding qualification.	
10.	PLEASE ATTACH THE FOLLOWING DOCUMENTS: <ul style="list-style-type: none"> • Proof of Registration • Certified copy of detailed transcript of academic record/s Certified copy of degree certificate (s) • Curriculum vitae (Maximum 2 pages) • 2026 Certified copy of identity document <p style="text-align: center;">NO FORM WILL BE ACCEPTED WITHOUT THE ABOVE DOCUMENTS</p>	
11.	PROGRESS REPORT:	Students funded for the Master and Doctoral studies need to submit their progress report at the end of each year of the duration of the study.

SECTION 1: APPLICANT PERSONAL INFORMATION

TITLE:		FIRST NAME(S):			
MR., MRS. MS. etc.					
SURNAME:		MIDDLE NAME(S):			
DATE OF BIRTH:		GENDER:			
		MALE		FEMALE	
CITIZENSHIP:		RACE:			
IDENTITY NUMBER:		DO YOU HAVE A DISABILITY?			
		YES		NO	
				IF YES, PLEASE SPECIFY:	
HOME LANGUAGE		OTHER LANGUAGES:			
MARITAL STATUS:		MARRIED		SINGLE	
				DIVORCED	
				WIDOWED	
HOME ADDRESS:			POSTAL ADDRESS:		
POSTAL CODE:				POSTAL CODE:	
SWAVE STUDENT EMAIL ADDRESS:					

PERSONAL EMAIL ADDRESS:			
HOME TELEPHONE NO:		CELL PHONE:	

1.8	ARE YOU EMPLOYED?	YES		NO	
1.9	NAME OF EMPLOYER & TEL. NO.				
1.10	DID YOU APPLY FOR EXTERNAL BURSARIES FOR 2025?	YES		NO	
1.11	IF YES, HAVE YOU BEEN AWARDED A BURSARY/LOAN FOR 2025 AND WHAT IS THE AMOUNT IN RANDES	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 CELL NO		

SECTION 3: PARTICULARS OF HIGHEST QUALIFICATION

3.1	DEGREE/QUALIFICATION OBTAINED	
3.2	NAME OF INSTITUTION	
3.3	PERCENTAGE OBTAINED	
3.4	YEAR COMPLETED	

SECTION 4: ACADEMIC DETAILS OF THE DEGREE FOR WHICH YOU ARE APPLYING FOR A BURSARY

4.1	DEGREE REGISTERED 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 PERCENTAGE VERIFIED	
4.2	QUALIFY/DO NOT QUALIFY	
4.3	APPROVED	
4.4	DESIGNATION	
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	