**APPLICATION FOR CREDIT OF FEES**

**Please ensure you have read the attached information before completing this form.**

**This form is to be completed only in cases where a student is presenting medical evidence in relation to a Credit of Fees.**

**CASES WILL NOT BE CONSIDERED WITHOUT RELEVANT SUPPORTING MEDICAL DOCUMENTATION.**

**Please complete the following information in full and return to the Office of the Registrar and Vice President for Academic Affairs.**

**Name in Full: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student ID No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tele: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Programme Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Was your Head of Department aware of your circumstances: Yes: No:**

**Deferral Form**

**Have you completed a Deferral Form: Yes: No:**

**Please state which Academic Year this refers to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*\*\*\*\*\*\* It is important to note that the Credit of Fees can only be approved from one year to the **subsequent** year.

**Which Semester did you Defer: Full Year Sem 1 Sem 2**

**Your last date of attendance recorded: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How were your fees paid: Grant: Self: Other**

**If other please state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for Requesting a Credit of Fees:**

Please outline your case clearly stating when the circumstances occurred and the period of time over which the circumstances continued. (Use additional pages if required and attach securely to this form)

* **Please ensure that the Supporting Original Medical Documentation is included with this form.**

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OFFICE USE ONLY:**

**Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Stamp:**

**Amount of Fees Paid: Student: Grant:**

**Medical Docs Submitted:**

**Copy of Deferral Form:**

**Outcome/Comments:**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Registrar and Vice President for Academic Affairs**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**