

### **Faculty of Commerce**

UNIVERSITY OF CAPE TOWN

2.26 Leslie Commerce Building, Upper Campus Private Bag X3, Rondebosch, 7701

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#### **FACULTY INTERNATIONAL STUDENT BURSARIES**

**Purpose:** In addition to standard tuition fees, all non-SADC international students pay an international term fee (ITF). TheFaculty of Commerce provides FACULTY INTERNATIONAL STUDENT BURSARIES to deserving international Postgraduate Diploma, Honours and Masters students who are charged the term fee. Awards are made on the basis of academic merit and/or financial need. **Preference is given to students who are nationals of countries on the African continent.** 

**Value and Tenure**: The value of the awards is variable and is set by the faculty; however, award values will ordinarily not exceed the ITF. The bursary is tenable for 1 year. Renewal for Master's students only is on confirmation of satisfactory academic progress and availability of funds.

### Eligibility for the award of UCT International Students Faculty Bursary:

Students who are not South African nationals, permanent residents or SADC nationals may apply for the award of a FACULTY INTERNATIONAL STUDENT BURSARY if they:

- Register full-time for a Postgraduate Diploma, Honours or Master's programme;
- Show evidence of academic merit or satisfactory progress;
- Demonstrate financial hardship.

### The following are not be eligible for Faculty International Student Bursaries

- full-time members of UCT staff;
- applicants with an annual income (from all sources) of more than R200,000;
- students in full-time employment (i.e. working in excess of 20 hours per week);
- students who have worked in SA and have been paying taxes;
- students enrolled for any programme other than a Postgraduate Diploma, Honours or Master's

The University of Cape Town reserves the right to effect changes to the Conditions of Award or to make no awards at all.



Have you already registered towards the

above degree?

## **PG019 APPLICATION FORM**

## **UCT FACULTY INTERNATIONAL STUDENT BURSARIES**

| CLOSING DATES |     |      |  |  |  |  |  |  |
|---------------|-----|------|--|--|--|--|--|--|
| 30            | May | 2025 |  |  |  |  |  |  |

Please submit the form with supporting documentation to Room 2.26 Level 2, Leslie Commerce
Building before the closing date or email <a href="mailto:com-fisb@uct.ac.za">com-fisb@uct.ac.za</a>. Note that incomplete applications
will not be considered

| will not be considered                                     |                                |                              | . Note that meomplete up             |                  |  |  |  |  |
|--|--------------------------------|------------------------------|--------------------------------------|------------------|--|--|--|--|
| Documentation that <u>m</u>                                | Checklist √                    |                              |                                      |                  |  |  |  |  |
|  | ries, governmental or other    |                              |                                      |                  |  |  |  |  |
| agency funding.  2. Copies of bank statemen                |                                |                              |                                      |                  |  |  |  |  |
| 3. Academic transcript – ret                               |                                | vide a LICT transcript. Nev  | v students must provide a            |                  |  |  |  |  |
| transcript from previous ur                                |                                |                              | v stadents mast provide a            |                  |  |  |  |  |
| 4. Copy of passport.                                       |                                |                              |                                      |                  |  |  |  |  |
| 5. New students who have i                                 | not registered yet must pro    | ovide confirmation of acce   | eptance into full time study.        |                  |  |  |  |  |
| 1. PERSONAL INFORMATIO                                     | DN                             |                              |                                      |                  |  |  |  |  |
| STUDENT NUMBER   |                                |                              |                                      |                  |  |  |  |  |
| TITLE (Mr/Ms/Mx)   |                                |                              |                                      |                  |  |  |  |  |
| SURNAME  |                                |                              |                                      |                  |  |  |  |  |
| FIRST NAME/S   |                                |                              |                                      |                  |  |  |  |  |
| GENDER   |                                | COUNTRY OF ORIGIN            |                                      |                  |  |  |  |  |
| CONTACT NUMBER/S   |                                | CELL NUMBER                  |                                      |                  |  |  |  |  |
| PERSONAL EMAIL ADDRESS                                     |                                |                              |                                      |                  |  |  |  |  |
| Have you applied for this b                                |                                |                              |                                      |                  |  |  |  |  |
| 2. ELIGIBILITY FOR THE AWARD                               | O OF UCT INTERNATIONAL STU     | DENTS FACULTY BURSARY:       |                                      |                  |  |  |  |  |
| Students who are not South Afr<br>STUDENT BURSARY if they: | rican nationals, permanent res | sidents or non-SADC national | s may apply for the award of a FACUL | TY INTERNATIONAL |  |  |  |  |
| 1. Register <b>full-time</b> for a                         | a Postgraduate Diploma, H      | lonours and Masters prog     | gramme;                              |                  |  |  |  |  |
| 2. Show evidence of acad                                   | demic merit or satisfactory    | / progress;                  |                                      |                  |  |  |  |  |
| Demonstrate financial                                      | hardship                       |                              |                                      |                  |  |  |  |  |
|  | <u> </u>                       |                              |                                      |                  |  |  |  |  |
| 4. ACADEMIC INFORMATION                                    |                                |                              |                                      |                  |  |  |  |  |
| Have you been formally acc                                 | cepted for full-time study a   | at UCT?                      | N Department                         |                  |  |  |  |  |
| Degree for which you will register this year Course code   |                                |                              |                                      |                  |  |  |  |  |
|  |                                |                              |                                      |                  |  |  |  |  |
|  |                                |                              |                                      |                  |  |  |  |  |
| Year of study towards abov                                 | ve degree in 2024 (1st, 2nd e  | etc.)                        |                                      |                  |  |  |  |  |

NO

YES

Year of first registration for this degree

**DATE OF CURRENT** 

**REGISTRATION** 

| information. I agree to advise submitted.  | the Uni   | versity of any change   | s that may occur w     | rith regard t   | o the information as |  |  |  |  |
|--|-----------|-------------------------|------------------------|-----------------|----------------------|--|--|--|--|
| SIGNATURE OF APPLICANT:  |           |                         |                        | DATE:           |                      |  |  |  |  |
| FOR RETURNING STUDENTS ONLY  |           |                         |                        |                 |                      |  |  |  |  |
| To be completed by a su  | pervisor  | or programme convene    | r and sent to com-fa   | c@uct.ac.za l   | by the closing date. |  |  |  |  |
| 4. CONFIDENTIAL REPORT ON PR   | OGRESS    |                         |                        |                 |                      |  |  |  |  |
| NAME OF STUDENT  |           |                         |                        |                 |                      |  |  |  |  |
| PROGRAMME  |           |                         |                        |                 |                      |  |  |  |  |
| Funds for the support of internation Please help the Faculty Committe headings:  |           |                         |                        | _               |                      |  |  |  |  |
| 1. Please comment on the candida   | ate's aca | demic progress and/or p | rogress with their dis | ssertation or t | hesis:               |  |  |  |  |
| 2. Other comments:   |           |                         |                        |                 |                      |  |  |  |  |
| NAME (please print)  |           |                         |                        | DATE            |                      |  |  |  |  |
| SIGNATURE  |           |                         |                        |                 |                      |  |  |  |  |
| F. FACHETY DECISION  |           |                         |                        |                 |                      |  |  |  |  |
| <ul> <li>FACULTY DECISION</li> <li>G.1 On behalf of the Commerce Faculty, I Declare that funds for this bursary are available from the Commerce Faculty Fund as</li> </ul> |           |                         |                        |                 |                      |  |  |  |  |
| shown below;   |           |                         | l a: .                 |                 |                      |  |  |  |  |
| AMOUNT AWARDED   | Dean's    | nominee (PRINT)         | Signature              |                 | Date                 |  |  |  |  |
| R  |           |                         |                        |                 |                      |  |  |  |  |

NB. Once completed by the student, supervisor (where appropriate) this form, and its attachments should be submitted to the

I certify that the information given in my application is, to the best of my knowledge, complete and accurate. I agree that submission of incorrect information, or withholding information, may result in cancellation of this application or the immediate repayment by me of any award that has been paid to me on the basis of such incorrect or absent

**5. DECLARATION BY APPLICANT** 

Faculty.



# **Postgraduate Centre and Funding Office**

# PG019 - UCT Faculty International Student Bursaries Claim Form- 2025

| 1. Recipient details and declaration (To be completed by the recipient)   |                               |                              |                    |                           |                |               |  |  |  |
|---|-------------------------------|------------------------------|--------------------|---------------------------|----------------|---------------|--|--|--|
| Name of Recipient: Student Number:  |                               |                              |                    |                           |                |               |  |  |  |
| Declaration by Recipient:   |                               |                              |                    |                           |                |               |  |  |  |
| I confirm that I am registered for a Coursework Master's study in the Department:   |                               |                              |                    |                           |                |               |  |  |  |
| Faculty: Department:  |                               |                              |                    |                           |                |               |  |  |  |
| I declare that I am not in full-time employment. I accept this award and undertake to comply with the Conditions of Award and the University of Cape Town's Policies on Postgraduate Funding. |                               |                              |                    |                           |                |               |  |  |  |
| Signature of Recipient: Date:   |                               |                              |                    |                           |                |               |  |  |  |
| Please note: Only the student's original signature will be accepted. No electronic, scanned or faxed signatures are acceptable.   |                               |                              |                    |                           |                |               |  |  |  |
| 2. Certification  | of recipient (To              | be completed                 | by the Fa          | aculty Office             | )              |               |  |  |  |
| I, (Name and Design   | nation)                       |                              |                    |                           |                | certify that  |  |  |  |
| (Student's Name)  |                               | is                           | registered         | for the                   |                | Degree I      |  |  |  |
| further certify that:   |                               |                              |                    |                           |                |               |  |  |  |
| (i) the student is not  | a salaried employe            | e in this Departme           | nt; and            |                           |                |               |  |  |  |
| (ii) the Dean of Fact   | ulty has approved th          | is award to the stu          | ident name         | d above.                  |                |               |  |  |  |
| Signature of autho  | rised staff membe             | r:                           |                    |                           | Date:          |               |  |  |  |
| Please note: Only the acceptable.   | e staff member's <b>origi</b> | <b>nal</b> signature will be | accepted. <b>N</b> | <b>o</b> electronic, scan | ned or faxed s | ignatures are |  |  |  |
| 3. Certification  | of bursary trans              | sfer (To be con              | npleted b          | y the Faculty             | y Manager      | )             |  |  |  |
| I (Name and Design  | ation)                        |                              |                    |                           |                | certify that: |  |  |  |
| i) The bursary valu   | e of R                        |                              | for t              | he above-name             | d student is a | vailable from |  |  |  |
| fund number as indi   | cated below                   |                              |                    |                           |                |               |  |  |  |
| FACULTY   | FUND NUMBER                   | GL                           | PLEASE TICK        | PLEASE SIG                | ON OR INITIAL  |               |  |  |  |
| COMMERCE  | 231360                        | COM1011                      | GL1795             |                           |                |               |  |  |  |
| EBE   | 231363                        | ENG1034                      | GL1795             |                           |                |               |  |  |  |
| HEALTH SCI  | 231361                        | MED1054                      | GL1795             |                           |                |               |  |  |  |
| HUMANITIES  | 231359                        | SSH1027                      | GL1795             |                           |                |               |  |  |  |
| LAW   | 231358                        | LAW1024                      | GL1795             |                           |                |               |  |  |  |
| SCIENCE   | 231362 SCI1007 GL1795         |                              |                    |                           |                |               |  |  |  |
| GSB   | 231364                        | GSB1125                      | GL1795             |                           |                |               |  |  |  |
| I UNDERSTAND AND DECLARE THAT THIS PAYMENT REPRESENTS A TRUE BURSARY AND THAT, IN LINE WITH SARS TAX REGULATIONS, THE STUDENT IS NOT PERFORMING ANY SERVICE IN RETURN FOR THE BURSARY.        |                               |                              |                    |                           |                |               |  |  |  |
| Signature of Faculty Manager Date:  |                               |                              |                    |                           |                |               |  |  |  |
| Please note: Only the staff member's original signature will be accepted. No electronic, scanned or faxed signatures are acceptable.  |                               |                              |                    |                           |                |               |  |  |  |
| For use by the Postg  | raduate Centre and            | Funding Office:              |                    |                           |                |               |  |  |  |
| Payment of Award processed by:  C:/formsandconditions/2012FacInterStuBursClaimFormPG019FINAL  |                               |                              |                    |                           |                |               |  |  |  |

Please return to: Postgraduate Centre and Funding Office, Room 3.03, 3rd level Otto Beit Building, University Avenue, Upper Campus

PG019



# **Postgraduate Centre and Funding Office**

## PG021 - Clearance for registration - Postgraduate students

### Note:

- In order that the student may be cleared for registration, this form must be completed by:
  - o students who have been offered funding; and by
  - o the fund holder offering such funding.
- It is important to note that this form provides **an indication** that funding as recorded below will be offered to the student by the fund holder. This funding is **not** guaranteed by the Postgraduate Centre and Funding Office (PGC&FO). The PGC&FO does **not** accept responsibility for non-payment of award(s) detailed below. The fund holder will be held accountable for the value of the award described below, and for submitting the Claim Form timeously to the PGC&FO for processing.

| 1. Student details (To be completed by the student)               |                |                |         |            |         |                  |                |           |            |            |        |                     |
|---|----------------|----------------|---------|------------|---------|------------------|----------------|-----------|------------|------------|--------|---------------------|
| Name:   |                |                |         |            |         |                  |                | Surname   |            |            |        |                     |
| Student number:   |                |                |         |            |         |                  | Pass           | port/Ider | ntity no.  |            |        |                     |
| Registration details:   |                |                |         |            | □v      | Masters          |                |           |            |            |        |                     |
| Do you have an outstanding fee debt?                              |                | No             |         | Yes        | If Yes  | <b>s</b> , state | e the          | outstand  | ding amo   | unt:       |        |                     |
| Student signature:  |                |                |         |            |         |                  |                | Date      |            |            |        |                     |
| Note: Only the student's  | origin         | <b>al</b> sign | ature w | vill be ac | cepted. | <b>No</b> el     | ectror         | nic, scan | ned or fax | ked signa  | tures  | are acceptable.     |
| 2. Fund holder details (To be completed by the fund holder)       |                |                |         |            |         |                  |                |           |            |            |        |                     |
| Title<br>(Ms./Mr./Dr./Prof.)                                      |                | Naı            | me:     |            |         |                  |                | Surnar    | ne:        |            |        |                     |
| Department:   |                |                |         |            |         |                  |                |           |            |            |        |                     |
| Name of Fellowship/ Scho  | larship/       | Bursar         | y:      |            |         |                  |                |           |            |            |        |                     |
| Year of registration: Value of Fellowship/ Scholarship/Bursary: R |                |                |         |            |         |                  | R              |           |            |            |        |                     |
| Please write out the ar award in full:                            | nount          | of the         | •       |            |         |                  |                |           |            |            |        |                     |
| Fund holder signature:  |                |                |         |            |         |                  |                |           | Date:      |            |        |                     |
| Note: Only the fund hold  | er's <b>or</b> | ininal         | sianatu | re will h  | accen   | ted N            | <b>In</b> alad | etronic s | canned o   | r faved si | ianatı | ires are accentable |

### Please return to:

Postgraduate Centre and Funding Office Otto Beit Building, 3<sup>rd</sup> Level University Avenue University of Cape Town Rondebosch

Email address: PGFunding@uct.ac.za