

# **Faculty of Commerce**

UNIVERSITY OF CAPE TOWN
2.26 Leslie Commerce Building, Upper Campus
Private Bag X3, Rondebosch, 7701

Tel: +27 (0) 21 650 4375/ 5748 Fax: +27 (0) 21 650 4369
E-mail: uctcompg@uct.ac.za Internet: www.uct.ac.za

@Commerce\_UCT UCT Commerce Faculty Office

### **FACULTY INTERNATIONAL STUDENT BURSARIES**

**Purpose:** In addition to standard tuition fees, all international students who are not from Southern African Development Community (SADC) countries are required to pay an international term fee. The Faculty of Commerce provides FACULTY INTERNATIONAL STUDENT BURSARIES to deserving international 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 international term fee. The bursary is tenable for 1 year. Renewal for Master's students only is on confirmation of satisfactory academic progress from the supervisor 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 Masters students;
- 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 Masters students

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



# **PG019 APPLICATION FORM**

# **UCT FACULTY INTERNATIONAL STUDENT BURSARIES**

CLOSING DATES									
18	September	2023							

Please submit the form with supporting documentation to Room 2.26 Level 2, Leslie Commerce Building before the closing date or email **uctcompg@uct.ac.za**. Note that incomplete applications will not be considered.

Documentation that m	oe considered.	th +k	ho annli	cation for	rm·			Checklist √
								Checklist
1. Detailed letter of anticipa agency funding.		rces	e.g. schol	arships, sal	aries, g	governmer	ital or other	
2. Copies of bank statemen	ts for the last 3 months.							
3. Academic transcript – ret transcript from previous un			a UCT tra	nscript. Ne	w stud	ents must	provide a	
4. Copy of passport.	iversities they have attent	acu.						
5. New students who have	not registered vet must pr	ovid	e confirm	ation of acc	ceptan	ce into ful	l time study.	
								I.
1. PERSONAL INFORMATIO	N							
STUDENT NUMBER								
TITLE (Ms/Ms/Mx)								
SURNAME								
FIRST NAME/S								
GENDER		СО	UNTRY OF	ORIGIN				
CONTACT NUMBER/S			CELL NUN	1BER				
PERSONAL EMAIL ADDRESS								
Have you applied for this b	ursary before?		YE	5			NO	
2. ELIGIBILITY FOR THE AWARD								
Students who are not South Af STUDENT BURSARY if they:	rican nationals, permanent re	siden	nts or non-S	SADC nation	als may	apply for th	ne award of a FACUL	TY INTERNATIONAL
1. Register <b>full-time</b> for a	Masters programme;							
2. Show evidence of acad	demic merit or satisfactor	y pro	ogress;					
3. Demonstrate financial	hardship							
4. ACADEMIC INFORMAT	ION							

4. ACADEMIC INFORMATION																
Have you been formally accepted for full-time study a		Υ		NO		Depa	irtment									
Degree for which you will register this year				Co	urse co	de										
Year of study towards above degree in 2023 (1st, 2nd e	etc.)			Year	of first	registra	tion fo	r th	nis d	legi	ree					
Have you already registered towards the above degree?	NO			OF CU	JRRENT ION	Υ	Υ	Υ	Υ	/	M	M	/	D	D	

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 information. I agree to advise the University of any changes that may occur with regard to the information as submitted.											
SIGNATURE OF APPLICAN	DATE:										
FOR RETURNING STUDENTS ONLY											
To be completed by a supervisor or programme convener and sent to uctcompg@uct.ac.za by the closing date.											
4. CONFIDENTIAL REPORT ON PROGRESS											
NAME OF STUDENT											
PROGRAMME											
Funds for the support of inte Please help the Faculty Com- headings:				-	c merit and/or financial need. nents under the following						
1. Please comment on the ca	andidate's aca	demic progress and/or	progress with their di	ssertation or	thesis:						
2. Other comments:											
NAME (please print)				DATE							
SIGNATURE											
5. FACULTY DECISION											
G.1 On behalf of the Comm shown below;	erce Faculty, I	Declare that funds for	this bursary are avail	lable from the	e Commerce Faculty Fund as						
AMOUNT AWARDED	Dean's	nominee (PRINT)	Signature		Date						
R											
			1								

I certify that the information given in my application is, to the best of my knowledge, complete and accurate. I agree

**5. DECLARATION BY APPLICANT** 

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



# **Postgraduate Centre and Funding Office**

# PG019 - UCT Faculty International Student Bursaries Claim Form- 2023

1. Recipient de	tails and declar	ation (To be co	ompleted	by the rec	ipier	nt)					
Name of Recipient:			Student	Number:							
Declaration by Re	cipient:										
I confirm that I am registered for a Coursework Master's study in the Department:											
Faculty:			Departm	ent:							
I declare that I am r Award and the Univ					o cor	mply with t	he Conditions of				
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	2. Certification of recipient (To be completed by the Faculty Office)										
I, (Name and Desig	nation)						certify that				
(Student's Name)							Degree				
I further certify th		_									
(i) the student is no	t a salaried employe	ee in this Departme	ent; and								
(ii) the Dean of Fac	ulty has approved t	nis award to the st	udent name	d above.							
Signature of author	orised staff membe	er:				Date:					
Please note: Only the acceptable.	e staff member's <b>orig</b>	<b>inal</b> signature will be	accepted. N	<b>lo</b> electronic, so	anne	d or faxed s	ignatures are				
3. Certification	of bursary tran	sfer (To be cor	npleted k	y the Facu	Ity N	Manager	)				
I (Name and Design	nation)						certify that:				
i) The bursary valu	ue of R		for	the above-na	med	student is	available from				
fund number as ind	icated below										
FACULTY	FUND NUMBER	COST CENTRE	GL	PLEASE TIC	K P	LEASE 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											
LAW	231358	LAW1024	GL1795								
SCIENCE	231358 231362	LAW1024 SCI1007	GL1795 GL1795								
		-									
SCIENCE	231362 231364 D DECLARE THAT T	SCI1007 GSB1125 HIS PAYMENT REP	GL1795 GL1795 RESENTS A								
SCIENCE GSB I UNDERSTAND ANI	231362 231364 D DECLARE THAT TO , THE STUDENT IS N	SCI1007 GSB1125 HIS PAYMENT REP	GL1795 GL1795 RESENTS A	CE IN RETURN		THE BURS					
SCIENCE GSB I UNDERSTAND ANI TAX REGULATIONS Signature of Facu	231362 231364 D DECLARE THAT TO , THE STUDENT IS N	SCI1007  GSB1125  HIS PAYMENT REP OT PERFORMING	GL1795 GL1795 RESENTS A ANY SERVIO	CE IN RETURN	FOR ate:	THE BURS	SARY.				
SCIENCE GSB I UNDERSTAND ANI TAX REGULATIONS Signature of Facul  Please note: Only the	231362 231364 D DECLARE THAT TI, THE STUDENT IS Note that the staff member's original staff member sta	SCI1007 GSB1125 HIS PAYMENT REP IOT PERFORMING	GL1795 GL1795 RESENTS A ANY SERVIO	CE IN RETURN	FOR ate:	THE BURS	SARY.				

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



# **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:							Passport/Identity no.							
Registration details:		☐ Doctoral ☐						Masters				Hon	ours	
Do you have an outstanding fee debt?		No		Yes If <b>Yes</b> , state the outstanding amou								R		
Student signature:								Date						
Note: Only the studen	Note: Only the student's original signature will be accepted. No electronic, scanned or faxed signatures are acceptable.													
2. Fund holder de	etails (	To be	e com	pleted	l by th	e fu	nd h	older)						
Title (Ms./Mr./Dr./Prof.)		Na	me:					Surnar	ne:					
Department:														
Name of Fellowship/ Sc	nolarship	/ Bursa	ry:											
Year of registration:						Value	alue of Fellowship/ Scholarship/Bursary:					R		
Please write out the award in full:	amoun	t of the	•											
Fund holder signature	:								Date:					
Note: Only the fund holder's original signature will be accepted. No electronic scanned or faxed signatures are acceptable														

### 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