

PLEASE NOTE:

1. PLEASE ALLOW A MINIMUM OF **14 WORKING DAYS** FOR THE REFUND TO BE PROCESSED
2. KINDLY ENSURE THAT THE UNIVERSITY HAS YOUR CORRECT CORRESPONDENCE ADDRESS AT ALL TIMES.
3. PLEASE PRODUCE COPIES OF **DIRECT DEPOSIT SLIPS** FOR VERIFICATION PURPOSES.

REQUEST FOR REFUND OF EXCESS FEES / DEPOSITS

A. FOR COMPLETION BY STUDENT

I, THE UNDERSIGNED, HEREBY REQUEST A REFUND OF EXCESS FEES OR DEPOSITS PAID WHICH IS TO THE CREDIT OF MY ACCOUNT IN THE BOOKS OF THE UNIVERSITY.

STUDENT NO : _____
SURNAME : _____
FULL NAME (S) : _____
AMOUNT OF REFUND : _____
REFUND I.R.O : _____

HAVE YOU INFORMED THE UNIVERSITY OF YOUR BANKING DETAILS: YES / NO
(IF NOT, THEN REQUEST THE BANK DETAILS FORM FROM THE FEES OFFICER)

CONTACT TEL. NO. : (C) _____ : (H/W) _____
EMAIL ADDRESS : _____
POSTAL ADDRESS : _____
STUDENT SIGNATURE : _____ DATE: _____

B. STUDENT FUNDING – SCHOLARSHIPS

NAME OF THE SPONSOR : _____
APPROVED AMOUNT OF REFUND : _____
PREPARED BY (Name and Signature of Advisor) : _____
CHECKED BY (Name and Signature of Senior Advisor): _____
APPROVED BY (Name and Signature of Head of Scholarships): _____
APPROVED BY (Name and Signature of Student Funding Manager): _____

B. STUDENT FUNDING – BURSARIES

NAME OF THE BURSAR / GRANT : _____
APPROVED AMOUNT OF REFUND : _____
PREPARED BY (Name and Signature of Advisor): _____
CHECKED BY (Name and Signature of Senior Advisor): _____
APPROVED BY (Name and Signature of Head of Bursaries): _____
APPROVED BY (Name and Signature of Student Funding Manager): _____

STAMP

RETURN COMPLETED FORM TO THE FEES OFFICE ON YOUR CAMPUS OR VIA EMAIL AT:

WESTVILLE STUDENTS: Westvillefees@ukzn.ac.za **HOWARD COLLEGE STUDENTS:** Howardfees@ukzn.ac.za
PIETERMARITZBURG STUDENTS: Pmbfees@ukzn.ac.za **MEDICAL SCHOOL STUDENTS:** Medschfees@ukzn.ac.za
EDGEWOOD STUDENTS: Edgewoodfees@ukzn.ac.za