

**APPLICATION FOR REBATE ON TUITION FEES IN  
RESPECT OF PERSONS AND / OR DEPENDENT CHILDREN  
WHO QUALIFY**

Enquiries: Tel : (012) 420-4647

Fax : (012) 420-4645

**NOTE:** Complete or mark as may be applicable

**YEAR FOR WHICH APPLICATION FOR REBATE IS BEING MADE**

**PARTICULARS OF PERSON APPLYING FOR REBATE ON TUITION FEES**

Surname : ..... Initials : .....

Title : ..... Position : ..... Personnel no. :

Department / Institute / Section

**Appointment type** (Mark with X)

Permanent ☐

or

Temporary ☐

Full-time ☐

or

Part-time ☐

Number of hours / week

From \*

To

  

  


UP Telephone no:

**\*Note:** Give dates as DDMMYY

**PARTICULARS OF STUDENT(S) IN RESPECT OF WHOM APPLICATION FOR REBATE IS BEING MADE**

**MEMBER OF STAFF -SELF:** Course : .....

Study year:

Student no.  -

**DEPENDENT CHILD(REN)**

Surname : ..... Full First names : .....

Date of birth. (DDMMYYYY)

  


Course : .....

Study year:

Student no.  -

Single ☐

Married ☐

Reasons for dependency: .....

Surname : ..... Full First names : .....

Date of birth. (DDMMYYYY)

  


Course : .....

Study year:

Student no.  -

Single ☐

Married ☐

Reasons for dependency: .....

Surname : ..... Full First names : .....

Date of birth. (DDMMYYYY)

  


Course : .....

Study year:

Student no.  -

Single ☐

Married ☐

Reasons for dependency: .....

**NOTE:** The declaration and agreement on the reverse side must be signed

A61/96

## DECLARATION IN RESPECT OF DEPENDANT CHILD(REN)

I ..... (full names) herewith declare that according to the regulations pertaining thereto the children with respect to whom I am applying for a rebate on tuition fees, are my **dependent children**, as formulated in the relevant regulation A50-00 available at: <http://www.up.ac.za/services/personnel/policies/w5E.html>

Children who are regarded as dependents are:

Own and legally adopted children who:

- have not reached the age of 21 years;
- are not employed in a full-time position; and
- are completely financially dependent on the parent concerned.

Own and legally adopted children who are:

- older than 21 years
- are not and have not been employed in a full-time position since reaching the age of 21 years; and
- are completely financially dependent on the parent concerned

**Stepchildren and foster children are therefore excluded**

## AGREEMENT

I agree to the following:

- Should I during the year for any reason cease to qualify for the rebate, I will without delay contact the Student Account Section in order to inform them thereof and that my liability for tuition fees can be adjusted accordingly;
- Should the circumstances of my dependent child with respect to whom I am applying for a rebate on tuition fees change to the extent that he / she no longer qualifies for a rebate on tuition fees, then I will without delay inform the Student Accounts Section thereof;
- Irrespective of any adjustment in the percentage of rebate granted, the minimum amount to be paid with respect to tuition fees as determined by the Council of the University will be paid for each of the students involved;
- Should it be ascertained that the rebate on the tuition fees for myself or my dependent child(ren) has been wrongly granted as a result of incorrect information supplied by me or that I have neglected to provide all relevant information, the full tuition fees plus any interest that may be levied thereon will be paid by me.
- I hereby declare that I have read the University's policy on the Rebate on Tuition fees (A50/00), that I understand its contents and that this application in no way whatsoever constitutes a breach of said policy.

.....  
SIGNATURE OF STAFF MEMBER

.....  
DATE

## FOR COMPLETION BY DEPARTMENT/DIVISIONAL HEAD ONLY IN CASE OF A CONTRACT APPOINTMENT PAID BY OUTSIDE FUNDS

Cost centre: ..... Account no ..... against which percentage of cost must be recovered.

.....  
SIGNATURE OF HEAD

.....  
Title, Initials and Surname in print

## APPROVAL AND COMMENTS OF THE DEPARTMENT OF HUMAN RESOURCES

The Staff member qualifies for the following rebate on tuition fees:

100%   ☐   62,5%   ☐   50%   ☐   37,5%   ☐

Remarks: ..... None   ☐

.....  
SIGNATURE OF HR OFFICER

.....  
DATE