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 OFFICE)

CONTACT TEL. NO. : (C) _______________________

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):

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

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