1. **Notes to students**
   1.1 This form is not to be used to apply for leave of absence.
   1.2 Complete the form and present to your Faculty Office with your student card.
   1.3 The date of submission to the Faculty Office is taken as the date of cancellation.
   1.4 The Faculty Office will check the form and process the cancellation.
   1.5 Funding disbursed via UCT may be affected by a cancellation of registration. Where this applies, awards made may be pro-rated or cancelled. Any outstanding fee debt as a result of such cancellation or proration is your responsibility.
   1.6 Ensure that your contact details are correct or update these via the Student Self-Service URL: [http://studentsonline.uct.ac.za](http://studentsonline.uct.ac.za)
   1.7 Refer Section 2.2 of the Student Fees Handbook for fee rebate information. A rebate does not apply in all cases.
   1.8 If any fee refund is due to you see Section 2 below.

2. **Refund**
Refunds are transferred to a bank account unless payment was made via the on-line credit card functionality, in which case any credit will be reversed to the card holder.
Please ensure that your banking details are correct prior to submitting this form. It is your responsibility to use the Student Self-Service to load or update your banking details.
*We are unable to transfer to the following; credit card, Bond or 32-day notice accounts; ATM, Credit Card or Debit Card numbers.*

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If you were not the Fee Payer, a signed consent letter from the Fee Payer must be forwarded to the Fees Office before a refund will be paid. This can be faxed to 021 650 4768 or e-mailed to [fnd-feeenq@uct.ac.za](mailto:fnd-feeenq@uct.ac.za). Please mark the correspondence *Cancellation.*

**STUDENT NUMBER**

Surname: ________________________________

First Names: ________________________________

Degree/Diploma to be cancelled (eg. BA, BSc): ________________________________

Daytime contact details: Cell no. ________________________________

Personal E-Mail Address: ________________________________

Reason for Cancellation: ________________________________

Student’s signature: ________________________________ Date: ________________________________

Parent/ Guardian’s signature (if student is under 18): ________________________________

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<th>For Office Use</th>
<th>Name</th>
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<th>Date</th>
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Updated May 2014