



Postgraduate Centre & Funding Office
 3rd Level, Otto Beit Building
 Upper Campus
 University of Cape Town
 Rondebosch
 7701

Postgraduate Funding Appeals Form

Date of Appeal: _____ Academic Year: _____

Student number: _____ PeopleSoft No: _____

Surname, Name: _____

Name of Current Degree /Diploma: _____ Year of Study: _____

Cell Phone Number: _____

UCT email address will be used as first preference.

Type of Appeal: Please tick the relevant box

A	Request re-assessment of my form 10a application due to changed financial circumstances	
B	Exemption from rule to hold awards concurrently	
C	Extension of funding tenure for the completion of my degree	
D	Request to hold funds that exceed maximum award limit	
E	Deferral of award	
F	Change to programme of study	
G	Other: _____	

All academic appeals must please have the Faculty Confirmation Completed in categories C and F

Faculty Confirmation:

Current academic year of study: _____

Expected year of completion of current degree: _____

Name and Surname of Course-Convenor/Supervisor: _____

Signature of Course- _____

Compulsory written motivation is required from you and your Course-Convenor/Supervisor to substantiate your appeal to be provided in the boxes below:

Course-Convenor/Supervisor motivation:
(The Course-Convenor/Supervisor may submit a separate document)

Student motivation:

Checklist for appeal applications A-F

A	Request re-assessment of the form 10a due to changed financial circumstances All financial need documentation as per the form 10A	
B	Exemption from rule to hold awards concurrently	
C	Extension of funding tenure for completion of my degree Current progress report from supervisor or course convenor	
D	Request to hold funds that exceed maximum award limit Approval from other external donors/funders approving the exceeds maximum limit	
E	Deferral of award LOA documentation or supporting documentation from the department	
F	Change to programme of study Copy of faculty or department approved change of curriculum form	
G	Other: _____ All documentation regarding the reason	

Declaration:

I/We declare all information to be true and that supporting documentation has been provided and further agrees that our employment and income information may be verified by UCT.

I/We understand that there is no guarantee on the outcome of this appeal.

Student Name and Surname: _____

Signature: _____ Date: _____

FOR OFFICE USE:							
User Edit	<input type="checkbox"/>	Final rcpt	<input type="checkbox"/>	Funded in previous year	<input type="checkbox"/> Y <input type="checkbox"/> N	Documents Attached?	<input type="checkbox"/> Y <input type="checkbox"/> N
Current GPA	<input type="text"/>		Cumulative GPA	<input type="text"/>		% Passed	<input type="text"/>
Have you applied for funding?	<input type="checkbox"/> Y <input type="checkbox"/> N	EFC	<input type="text"/>		Gross Income	<input type="text"/>	
Fee Account Balance	<input type="text"/>		Name of Awards	<input type="text"/>		Total Funding Received	<input type="text"/>
Approved by: (Name & Signature) _____				DATE _____			
Outcome of Appeal: Successful Yes/No						<input type="checkbox"/> Y	<input type="checkbox"/> N
Conditions (if any) _____							