

# Family Tuition Fee Benefit



## *Tuition fee benefit for siblings undertaking degree*

1. **General Conditions:** Where two (or more) siblings of the same parents are studying as full-time students in the Degree programme at the same time, tuition fees benefit will be granted as follows:

- (i) Second sibling 10% of the tuition fees
- (ii) Third sibling 20% of the tuition fees
- (iii) Additional sibling 25% of the tuition fees

*Note:* Documentary evidence (Birth Certificate) of the students' relation must also be provided on application. The benefit begins a year after admission in order to observe performance, attendance and conduct.

2. **Academic Requirements:** To qualify for fee benefit a student must be:

- (i) A full-time undergraduate student
- (ii) Have an average of 60 % in the previous academic year (attach transcript)
- (iii) Have no repeat/retakes in the previous academic year

3. **Good Conduct:**

- (i) **Discipline:** Have no suspensions, no written warnings and no record or instances of misconduct in the preceding year. A student should observe the general rules and regulations of the University.
- (ii) **Academic Performance:**
  - a) Adhere to the examinations rules and regulations of the University found in the Student handbook.
  - b) Attend all classes unless absence is for a grave reason (accident, illness, etc.).

4. **Cessation of fees benefit:** The benefit ceases to apply if:

- (i) The student fails to meet conditions 2 and 3 above.
- (ii) The family has one child pursuing an undergraduate course.

**Details of first child**

Name: \_\_\_\_\_ Reg. No: \_\_\_\_\_

Course: \_\_\_\_\_ Ave. grade \_\_\_\_\_ Year of study: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Email: \_\_\_\_\_

**Details of second child**

Name: \_\_\_\_\_ Reg. No: \_\_\_\_\_

Course: \_\_\_\_\_ Ave. grade \_\_\_\_\_ Year of study: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Email: \_\_\_\_\_

**Details of third child**

Name: \_\_\_\_\_ Reg. No: \_\_\_\_\_

Course: \_\_\_\_\_ Ave. grade \_\_\_\_\_ Year of study: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Email: \_\_\_\_\_

**To be completed by the parent/guardian**

Name: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

**School/Faculty**

Name of student recommended: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Financial Aid Office**

Information verified: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Chairperson, Financial Aid Advisory Committee**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_