

OPTION FORM – TO BE COMPLETED BY ALL PARENTS/GUARDIANS FOR EACH STUDENT

To: Student Fees
Rhodes University
P O Box 94
Grahamstown, 6140

Tel No.: (046) 603 8743
Fax No.: (046) 603 7019
EMAIL: feescomm@ru.ac.za

Student name: _____ Student No. _____

Parent/Guardian's full names: _____

Parent/Guardian's Email address: _____

I wish to elect to pay my child/ward's fee account as follows:

South African Students:

☐

Option 1 (10% by RF date, 35% end March, 60% end June, 85% end September and balance end of November)

☐

Option 2 (Full fees by RF date, and claim 5% discount)

☐

Option 3 (Debit Order: February to December, 11 months)

☐

Option 4 (**(None of the above,** please complete attached payment application)

Please indicate if you have applied for

NSFAS

Missing Middle

or you are not applying for

Missing Middle

Foreign Students:

☐

Option 1 (50% by RF date, 100% by the end of May)

☐

Option 2 (Full fees by RF date, and claim 5% discount)

(Please tick appropriate square)

Signature of Parent/Guardian

DATE

NB!

1. In the event of choosing option 3, please contact debitorders@ru.ac.za.
(FORMS AVAILABLE ON THE RHODES WEBSITE)

(Please submit by the 10th January 2020)

Student application information

Student application information													
Surname													
Name													
Identity number													
Student number													
Cell phone number													
Alternative number													
Qualification (name in full)													
Email address													
Other funding (bursaries, scholarships): Please specify sponsor, contact details of sponsor, and R' amount													

Other funding	Yes		No	
Name of sponsor				
R (amount)	R			

Please supply a motivation as to why the Rhodes Fees cannot be paid as per option 2 thru 3 giving suggestions as how fees will be paid e.g. monthly payment plan or at adhoc intervals as and when funds will be available.

[illegible]

Student Full Names

Student Signature: _____ Date _____

Personal information of Parents/Spouse/Legal Guardians where applicable:

Please complete the family details below. Parents/Spouse/Legal Guardians must sign consent giving the University permission to verify employment information with a third party such as a credit bureau. The information received will be used to verify employment, marital status and any other information material to the financial information provided in this application.

Surname of Mother/Spouse/Legal Guardian													
Name													
Identity number													
Occupation													
Surname of Father/Spouse/Legal Guardian													
Name													
Identity number													
Occupation													
Total combined annual gross family income (before deductions and tax)												R	
Tuition Fees													
Residence Fees													
Bal B/fwd													
Less Bursary/Sponsorship													
Total Fees		0,00											
Payment Plan		Amount											
January to November 2020													
Insert date		Insert Amount											

Total Payments

THUS signed and dated at _____ on this ____ day of _____ 2020.

Mother/Spouse/Legal Guardian's signature _____

3. **Declaration and Consent**

- a. I/We understand that, in order for the University to consider my/our application for the Fee payment arrangement, it will require certain personal information from me/us.
- b. I/We also understand that my/our personal information will be provided to third parties who will assist the University with verifying my/our income and that my/our signature to this document constitutes express written consent.
- c. I/We understand that there is no guarantee on the outcome of this application, as the criteria must first be met and any incorrect/incomplete information may delay the outcome.
- d. I / We accept that any fraudulent information provided will automatically disqualify my application and may result in a case of fraud being pursued against me or my parents/legal guardians/spouse.
- e. I/We have noted the following documentation and information that may be requested.

4. **Documents to be submitted if required for the verification of income process:**

- Certified copy of Identity Document of yourself, your parents or legal guardians.
- If either of your parents is deceased, a certified copy of the death certificate.
- Certified or official copy of recent payslip, letter of employment, not older than three months, for each parent, or your guardian or yourself if you are employed.
- Proof of income, bond statement and council rates accounts if parents/guardians are an informal trader/hawker.
- If parents are employed by a company – salary/wage slips of both parents (not required in bullet 3 above).
- IRP5, IT3 and IT12 (last 2 years) if parents/guardians are earning commission.
- Signed and complete 2015 financial statements signed by members; IT14 – Tax return for the business (last 2 years) IT12 – Tax return for the individual (last 2 years) and IT3(b) Income Tax Certificate from the Bank (last 2 years) if parents/guardian/spouse **own or are members of a CC/Pty (ltd) and /or sole proprietor.**
- Official letter from the Department of Labour if parents/guardian/spouse are unemployed proving unemployment status.
- Copy of an official pension slip or bank statement if parent/guardian receives income such as pension/grant/maintenance/rental/interest from investment.

I/We also confirm that I/we have read and hereby accept the terms and conditions of this consent.

THUS signed and dated at _____ on this ____ day of _____ 2020.

Mother/Spouse/Legal Guardian's signature _____

THUS signed and dated at _____ on this ____ day of _____ 2020

Father/Spouse/Legal Guardian's signature: _____
