



DISCONTINUATION OF STUDIES / DEREGISTRATION OF MODULE(S)

NON-DEGREE SEEKING INTERNATIONAL STUDENT

A. DECLARATION

I hereby give notice in writing of discontinuing my studies- hence my registration / modules with effect from:

| | | | | | | | | | | | |
|------|--|---|---|---|---|---|---|---|---|---|---|
| Date | | D | D | / | M | M | / | 2 | 0 | 2 | 0 |
|------|--|---|---|---|---|---|---|---|---|---|---|

B. PLEASE SELECT YOUR DISCONTINUATION OPTION (X)

| | |
|--------------------------|--|
| <input type="checkbox"/> | Option 1: FULL DISCONTINUATION of studies for 2020 academic year |
| <input type="checkbox"/> | Option 2: DE-REGISTRATION of a specific module(s): 2020 academic year |

If you have selected **Option 1**, please indicate your reason for full discontinuation below:

| |
|--|
| |
|--|

If you have selected **Option 2**, please indicate your module(s) below:

| MODULE NAME <i>[E.g. Global service Learning]</i> | MODULE CODE <i>[E.g. 14170314]</i> | REASON FOR DISCONTINUATION |
|--|---------------------------------------|----------------------------|
| | | |
| | | |
| | | |

C. PERSONAL PARTICULARS

| | | | | | | | | |
|----------------|--|--|--|--|--|--|--|--|
| Student number | | | | | | | | |
|----------------|--|--|--|--|--|--|--|--|

Surname _____

First names: _____

Email address: _____

Contact number: _____

Residence on Campus (Academia / Concordia): _____

D. REFUND DETAILS

We require the following supporting documents:

1. Passport Copy of the Bank account holder
2. Official bank statement clearly indicating your bank account details, or an account confirmation letter or cancelled cheque of the bank account where to funds must be transferred.
3. Proof of payment made to Stellenbosch University.

E. BANK DETAILS

(This refers to the person who made the initial payment of the fees to the Stellenbosch University and also we require an official bank letter where the refund must be paid back to)

| | | | |
|---|--|-----------------------|--|
| Bank Account Holders' Full Names | | | |
| Residential Address of Bank Account Holder | | | |
| Name of Bank | | | |
| Address of Bank | | | |
| Bank account Number | | | |
| SWIFT Code | | Bank Code | |
| IBAN Code | | Routing Number | |

Please take note of the following:

1. Transfers to International bank accounts can take between 3-4 weeks to be finalised.
2. **All** bank costs will be deducted from the amount payable to the student.
3. If payment is not being made into the bank account where the funds was paid from, a SA Reserve Bank application must be submitted and the costs of the application will be deducted from the amount due.

FOR YOUR CONSIDERATION

Due to the influence of COVID-19 and lockdown measures, many students (especially from countries in Africa) were not able to return home. Several of these students are experiencing financial difficulty due to, amongst others, restrictions in their home country. Please consider contributing (part of) your reimbursement to an Emergency Fund for COVID-19 affected students.

I give permission that _____% of the amount to be reimbursed, be contributed to the COVID-19 Emergency Fund.

SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY

OPTION 1: FULL DISCONTINUATION OF STUDIES – CALCULATION

| | | |
|---|-----------|---|
| Semester Fees paid by student/service provider | | |
| Less: IRF | | |
| Less: Service fees | | |
| Less: Tuition Fees | | |
| Sub-total | | |
| 50% REFUNDABLE AMOUNT | | |
| Plus: ACCOMMODATION <i>(If Overpaid)</i> | Academia | |
| | Concordia | |
| Less: Contributed to the COVID-19 Emergency Fund | | % |
| TOTAL FUNDS TO BE REIMBURSED | | |

OPTION 2: DE-REGISTRATION OF MODULE(s) - CALCULATION

| MODULE NAME <i>[E.g. Global service Learning]</i> | MODULE CODE <i>[E.g. 14170314]</i> | TUITION FEES + PROGRAM FEES + MODULE COSTS |
|---|--|---|
| | | |
| | | |
| | | |
| Plus: ACCOMMODATION <i>(If Overpaid)</i> | Academia | |
| | Concordia | |
| Less: Contributed to the COVID-19 Emergency Fund | | % |
| TOTAL FUNDS TO BE REIMBURSED | | |

SIGNED: _____

APPROVED: _____

DATE: _____

DATE: _____

DATE OF PAYMENT: _____