

2019 NSFAS APPEAL: Application Review

A. INSTRUCTIONS:

1. Please complete all sections for NSFAS to process your appeal.
2. This appeal form is only for applicants that applied for 2019 funding prior to 02 December 2018 closing date.
3. Appeals will only be considered on valid grounds. See Section C for criteria for appeal.
4. NSFAS funding is governed by national policy, therefore unfunded programmes cannot be considered.
5. Please write in capital letters and attach all relevant documentation (e.g. death certificate, medical records, proof of loss of income)
6. Email your appeal form with supporting documents to ApplicationReview@NSFAS.org.za or submit it to your institutions Financial Aid Office.
7. The closing date for appeals is 08 March 2019.

B. PERSONAL INFORMATION

Name:			
Surname:			
ID Number:		Student Number:	
Application Reference Number:		Institution:	
Course/Programme Study:		Year of Study:	
If previously NSFAS funded, indicate last year of funding			

C. APPEAL CATEGORY

☐ New Applicant ☐ Returning Student

Date of Appeal:

D. REASONS FOR APPEAL (tick relevant box)

- ☐ Material change in combined household income (proof of loss of income needed with a fully completed NSFAS form for students that were not previously funded)
- ☐ Loss of a bursary/sponsor in the immediate prior academic cycle (documented proof should be provided and accompany a fully completed NSFAS application form)
- ☐ Failure to meet academic criteria where prior academic performance had been satisfactory (provide supporting information and documentation that provides details of the reasons that affected performance)
- ☐ Failure to meet academic criteria due to medical condition (s) or death of an immediate family member (provide supporting information and documentation)
- ☐ Student had a gap year in NSFAS funding or failed to register previously and could not reapply for funding
- ☐ More than one student from the same household concurrently enrolled at a university/TVET college
- ☐ Applying for an approved post graduate qualification (see section F for list)

E. DECLARATION

I _____ acknowledge that any personal information and supporting documentation supplied to NSFAS is done so voluntarily to facilitate the processing of this application. I furthermore acknowledge that the information provided by me, is to the best of my knowledge both true and correct, and that I understand that any incorrect or inaccurate information or documentation submitted may adversely affect my contract with NSFAS.

Signature: _____

F. APPROVED QUALIFICATIONS FOR FUNDING CONSIDERATION

B TECH: ARCHITECTURAL TECHNOLOGY
B TECH: ARCHITECTURE (PROFESSIONAL)
B TECH: BIOKINETICS
B TECH: BIOMEDICAL TECHNOLOGY
B TECH: BIOTECHNOLOGY
B TECH: CARTOGRAPHY
B TECH: CHIROPRACTIC
B TECH: CLINICAL TECHNOLOGY
B TECH: DENTAL TECHNOLOGY
B TECH: EMERGENCY MEDICAL CARE
B TECH: ENGINEERING: CHEMICAL
B TECH: ENGINEERING: CIVIL
B TECH: ENGINEERING: ELECTRICAL
B TECH: ENGINEERING: INDUSTRIAL
B TECH: ENGINEERING: MECHANICAL
B TECH: ENGINEERING: MECHANICAL: MECHATRONICS
B TECH: ENGINEERING: METALLURGY
B TECH: ENGINEERING: REFRACTORIES
B TECH: FORESTRY
B TECH: HOMOEOPATHY
B TECH: NURSING
B TECH: NURSING SCIENCE
B TECH: NURSING: COMMUNITY NURSING
B TECH: NURSING: PRIMARY HEALTH CARE
B TECH: NURSING: OCCUPATIONAL NURSING
PGCE,
LLB,
MbCHB,
PGDA