**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](mailto: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)

Missing Middle

NSFAS

Please indicate if you have applied for

Missing Middle

or you are not applying for

**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**](mailto:debitorders@ru.ac.za)**.**

**(FORMS AVAILABLE ON THE RHODES WEBSITE)**

1. **Option 1 and 4 please complete the application below:**

***(Please submit by the 10th January 2017)***

**PAYMENT PLAN APPLICATION**

# 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.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# 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 2017** | | | | | |  | | | | | |
| Insert date | |  | | | | Insert Amount | | | | | |
|  | |  | | | |  | | | | | |
|  | |  | | | |  | | | | | |
|  | |  | | | |  | | | | | |
|  | |  | | | |  | | | | | |
|  | |  | | | |  | | | | | |
|  | |  | | | |  | | | | | |
|  | |  | | | |  | | | | | |
|  | |  | | | |  | | | | | |
|  | |  | | | |  | | | | | |
|  | |  | | | |  | | | | | |
|  | |  | | | |  | | | | | |
|  | |  | | | |  | | | | | |
| **Total Payments** | |  | | | | 0,00 | | | | | |

THUS signed and dated at on this day of 2017.

# Mother/Spouse/Legal Guardian’s signature

# Declaration and Consent

* 1. 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.
  2. 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.
  3. 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.
  4. 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.
  5. I/We have noted the following documentation and information that may be requested.

# 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 2017.

# Mother/Spouse/Legal Guardian’s signature

THUS signed and dated at on this day of 2017

# Father/Spouse/Legal Guardian’s signature: