

STUDENT SIGNATURE

FORM BURSARY ACCEPTANCE STELLENBOSCH UNIVERSITY STUDENT NUMBER **DECLARATION BY THE STUDENT** ١, NAME AND ANY MIDDLE NAME/S SURNAME **ID NUMBER** herewith ACCEPT the _ bursary for the 2024 academic year. NAME OF BURSARY/FUNDER I acknowledge the terms and conditions of this funding and understand that should I no longer meet the financial and/or academic eligibility criteria, the funder reserves the right to withdraw funding. I acknowledge that I read the agreement terms and conditions when I applied for the funding. I hereby also accept that: Should the funder defund me for any reason during the academic year, I understand that the allowances I receive, as well as my Student Fees account, are my responsibility; Should I overspend on my Student Fees account or accumulate costs not covered by the funding, I will be responsible for the portion of my Student Fees account that will not be paid by the funder. STUDENT EMAIL ADDRESS

DATE