STUDENT NON COMPLIANCE WITH DEBT REPAYMENT TERMS APPEAL FORM

SECTION 1: STUDENT INFORMATION

Student Number *

First Name(s) *

Surname *

Email Address *

Contact Number *

Faculty/School *

Programme of Study *

Year of Study *

***Mandatory fields**

Important Information:

Submission Deadline: *Appeals must be submitted within thirty (30) calendar days of the decision being appealed.*

Processing Time: *The Committee will review your appeal within fifteen (15) working days of receiving a complete submission.*

Required Documents: *Ensure all supporting documentation is attached to avoid delays*

SECTION 2: APPEAL DETAILS	
Type of Payment Decision Being Appealed *	
☐ Registration holds due to outstanding payments	
☐ Payment plan application or modification	
☐ Other student payment-related matter	
Date of Original Decision *	
Outstanding Amount	
Proposed upfront settlement by student	
SECTION 3: GROUNDS FOR APPEAL	
Detailed Grounds for Appeal (please provide relevant supporting documents)*	
☐ Extenuating Circumstances – Provide affidavit of circumstances	
☐ Medical/health issues – Attach Medical report / certificate	
☐ Unexpected financial hardship	
☐ Family circumstances (death) - Death certificate	
☐ Bursary / funding issues	
☐ Loss of employment - Proof of unemployment or loss of income	
☐ NSFAS-related issues	
☐ Additional Details on Extenuating Circumstances	
SECTION 4: PROPOSED RESOLUTION	
What outcome are you seeking from this appeal? *	
If requesting a payment plan, please provide proposed terms	
No of Proposed Repayment Months :	
Repayment Amount per Month:	

SECTION 5: DECLARATION AND CONSENT

Declaration

I hereby declare that:

a) All information provided in this appeal is true, complete, and accurate to the best of my knowledge

b) I understand that providing false or misleading information may result in the rejection of my appeal and possible disciplinary action

c) I authorize the Student Payments Appeals Committee to verify the information provided and to contact relevant parties as necessary

d) I consent to the processing of my personal and financial information for the purpose of reviewing this appeal

e) I understand that all Committee members are bound by confidentiality

f) I acknowledge that the decision of the Committee is binding and final

g) I have read and understood the appeals process as outlined in the Terms of Reference

*** I confirm that I have read and agree to the above declaration**

Student Name (Print) *

Signature

Date *

Submission Instructions:

Submit this completed form with all supporting documents to:

a) Email: finance-appealscom@ul.ac.za

For queries, contact:

Student Appeals Office | Tel: (015) 268-3650 | Email: tshilidzi.ramulondi@ul.ac.za