

## HEFCW P/T UG FEE WAIVER APPLICATION FORM (Academic Year 2019/20)

Please complete all sections and return, with evidence, to:

Amlyn Ifans/Sandra Gornall, Lifelong Learning, Elystan Morgan Building, Llanbadarn Campus, Aberystwyth, SY23 3AS.

**OFFICE USE ONLY:** Student Registration Number:

Details about you:		
Surname:	Full forenames:	Teitl: (Mr/Mrs/Ms)
Home Address:		Postcode:
Home Tel:	Mobile Number:	
E-mail address:		

Qualifications:	
Do you hold a First or Foundation Degree or Equivalent (see notes)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, you are <b>not eligible</b> under the conditions of the scheme for a fee waiver	

Courses on which you are enrolled this year:			
Important: you may only enrol on courses up to the permitted maximum number of credits allowed within the Academic Year			
Course Code	Course Title	Start Date	Number of Credits
		/ /	
		/ /	
		/ /	
		/ /	

I am claiming a Fee Waiver on the following grounds (please tick) & enclose the relevant documentary evidence:

- I or a member of my family is in receipt of (please delete as appropriate):  
Universal Credit / Income Support / Working Tax Credit / Pension Credit / Housing Benefit / Council Tax Reduction
- I am in receipt of at least one of the following allowances (please delete as appropriate):  
Employment and Support Allowance / Personal Independent Payment / Severe Disablement Allowance / Disability Living Allowance / Attendance Allowance / Incapacity Benefit / Carer's Allowance
- I am a registered job seeker and have been so for a continuous period of six weeks or more up to the date of this application
- The only income I or my family receive is Department for Work and Pensions benefits

I have attached supporting evidence of my entitlement\*

\* (This can be in the form of a current letter from the Department for Work & Pensions, HM Revenue & Customs, Local Council or Jobcentre, confirming entitlement or a written note confirming that the only income you or your family receive is DfWP benefits)

Declaration:	
I have read and agree to abide by all the stipulations as laid out in the eligibility criteria. I agree to notify the School of Education & Lifelong Learning should my circumstances change, which may mean that I no longer qualify for the Fee Waiver. I confirm that the information given on this form is correct to the best of my knowledge.	
Signed: _____	Date: _____