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1.

[illegible][illegible][illegible]

herewith request to cancel my \_\_\_\_\_

for the \_\_\_\_ academic year with immediate effect.

I am aware of the possible financial loss that I may experience due to this cancellation.

I am aware of the contractual obligations that exist due to funding that I have received during the year and/or previous year(s).

Signed on \_\_\_\_\_ day of \_\_\_\_\_ month of \_\_\_\_\_ year at \_\_\_\_\_.

WITNESS SIGNATURE

**NEXT STEP** Once you have completed the form, **email** it to [sunfinaid@sun.ac.za](mailto:sunfinaid@sun.ac.za) – and please remember to include your SU # in the subject line, # / **Bursary cancellation**

FOR OFFICE USE ONLY		
RECEIVED BY (FULL NAME)	SIGNATURE	
ROLE		
EMAIL ADDRESS		
SHORT SUMMARY OF CONSULTATION WITH STUDENT		DATE