

Iqbal Survé Bursary Fund Application

DECLARATION OF UNIVERSITY INSTITUTION STAFF MEMBER:

Title and Name of university staff member recommending student. (Please PRINT clearly)

Title: _____

Surname: _____ First Name: _____

Department of Staff Member: _____

Telephone Number (Please include area code): _____

Office: _____

Mobile: _____

E-mail Address: _____

Fax Number: _____

I recommend this student for the Bursary because: _____

I confirm that this applicant is currently registered for the above programme at the institution indicated and the information provided herein is accurate.

Full name and Signature

Date

Stamp of Institution: