### OPTION FORM 2025 - TO BE COMPLETED BY ALL PARENTS/GUARDIANS FOR EACH STUDENT

To:

Student Fees

Signature of Parent/Guardian

NB!

**Rhodes University** P O Box 94 Makhanda, 6140 Tel No: (046) 603 8007 EMAIL: <a href="mailto:feescomm@ru.ac.za">feescomm@ru.ac.za</a> Student name: \_\_\_\_\_ Student No. \_\_\_\_\_ Parent/Guardian's full names: \_\_\_ Parent/Guardian's Email address: \_\_\_\_\_ I wish to elect to pay the outstanding fees as follows: **South African Students:** Option 1 (10% of tuition and 25% of residence by Initial Fee date, 35% end March, 60% end May, 85% end September and balance end November) Option 2 (Full fees by Initial Fee date, and claim 5% discount) Option 3 (Debit Order: February to December, 11 months) Option 4 (None of the above, please complete attached payment application) Please indicate if you have applied for **NSFAS** YES / NO **Foreign Students:** Option 1 (50% by Initial Fee date, 100% by the end of May) Option 2 (Full fees by Initial Fee date, and claim 5% discount) (Please tick appropriate square)

DATE

1. In the event of choosing option 3, please contact <a href="mailto:debitorders@ru.ac.za">debitorders@ru.ac.za</a>. (FORMS AVAILABLE ON THE RHODES WEBSITE)

# 2. Option 1 and 4 please complete the application below:

(Please submit by 17 January 2025 for returning students and 24 January 2025 for first year students)

# PAYMENT PLAN APPLICATION

Student application information								
Surname								
Name								
Identity number								
Student number								
Cell phone number								
Alternative number								
Qualification (name in full)								
Email address								
Other funding (bursaries,								
scholarships): Please specify								
sponsor, contact details of								
sponsor, and R' amount								
Other funding	Yes			No				
Other funding	Yes			INC	)			
Name of sponsor								
R (amount)	R							
Student Full Names							<b>=</b>	

## Personal information of Parents/Spouse/Legal Guardians where applicable:

Please complete the family details below. Parents/Spouse/Legal Guardians must sign consent giving the University permission to verify employment information with a third party such as a credit bureau. The information received will be used to verify employment, marital status and any other information material to the financial information provided in this application.

Surname of Mother/	Spouse/Legal											
Guardian												
Name						1	1	1		1	1	1
Identity number												
Occupation	Coordon / Local											
Surname of Father/ Guardian	Spouse/Legai											
Name												
Identity number												
Occupation										ļ		1
Total combined ann	ual gross family	v income (	before	dedu	ctions	and t	ax)		R			
Total complica and	aa groot tarring	<b>,.</b>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<u> </u>	un,					
Tuition Fees												
Residence Fees									_			
Bal B/fwd	Outstanding	Balance 2	024									
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Less Bursary/Sponso	rship											
Total Food												
Total Fees								,00	-			
Payment Plan							Amo	unt				
January 2025 to Nov	ember 2025											
Insert date	Telliber 2025			Incor	rt Amo	unt			1			
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									4			
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Total Payments							0	),00				
Total Payments							0	0,00				
Total Payments							0	0,00				
Total Payments  THUS signed an	d dated at		0	n this_	da	y of_			_2025.			
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	d dated at		0	n this_	da	y of_			_2025.			

#### 3. **Declaration and Consent**

- a. I/We understand that, in order for the University to consider my/our application for the Fee payment arrangement, it will require certain personal information from me/us.
- b. I/We also understand that my/our personal information will be provided to third parties who will assist the University with verifying my/our income and that my/our signature to this document constitutes express written consent.
- c. I/We understand that there is no guarantee on the outcome of this application, as the criteria must first be met and any incorrect/incomplete information may delay the outcome.
- d. I / We accept that any fraudulent information provided will automatically disqualify my application and may result in a case of fraud being pursued against me or my parents/legal guardians/spouse.
- e. I/We have noted the following documentation and information that may be requested.

### 4. Documents to be submitted if required for the verification of income process:

- Certified copy of Identity Document of yourself, your parents or legal guardians.
- If either of your parents is deceased, a certified copy of the death certificate.
- Certified or official copy of recent payslip, letter of employment, not older than three months, for each parent, or your guardian or yourself if you are employed.
- Proof of income, bond statement and council rates accounts if parents/guardians are an informal trader/hawker.
- If parents are employed by a company salary/wage slips of both parents (not required in bullet 3 above
- IRP5, IT3 and IT12 (last 2 years) if parents/guardians are earning commission.
- Signed and completed 2023 financial statements signed by members; IT14 Tax return for the business (last 2 years) IT12 Tax return for the individual (last 2 years) and IT3(b) Income Tax Certificate from the Bank (last 2 years) if parents/guardian/spouse own or are members of a CC/Pty (ltd) and /or sole proprietor.
- Official letter from the Department of Labour if parents/guardian/spouse are unemployed proving unemployment status.
- Copy of an official pension slip or bank statement if parent/guardian receives income such as pension/grant/maintenance/rental/interest from investment.

I/We also confirm that I/we have read and	d hereby acce	ept the terms and	I conditions of this consent	
THUS signed and dated at	on this	day of	2025.	
Mother/Spouse/Legal Guardian's signatu	re			
THUS signed and dated at	on this	day of	2025.	
Father/Spouse/Legal Guardian's signature	e:			