



Reinstatement Request 2011-12

Name.....

Course Matriculation No.....

Contact Tel No: Student Email:.....

Payment dates(s) affected are:.....

Type of payment(s) affected are:

- EMA Childcare
- Discretionary Fund Bursary

I am asking for my funding to be reinstated because.....
.....
.....

Student SignatureDate

Learner Development Tutor Report:-
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.....
.....
.....

Supported **Not Supported**

Learner Development Tutor Name

Learner Development Tutor Signature

Date

Date received by Student Funding Proposed payment date.....

Student informed by..... Date.....