



## SUSI Grant Appeal

Student Name: \_\_\_\_\_

Student Contact number: \_\_\_\_\_

Course & Class: \_\_\_\_\_

Student I.D or PPS \_\_\_\_\_

### REASON FOR ABSENCE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Documentation supporting claim, if any, attached YES  NO

Period requesting the back payment for: \_\_\_\_\_

Signature: \_\_\_\_\_

.....  
**OFFICE USE ONLY**

Date received: \_\_\_\_\_

REFUND Approved  Denied

Signature of authoriser: \_\_\_\_\_