

Ref.No. (For office use only)



APPLICATION FORM 2025 UJ Postgraduate Supervisor-Linked Bursary (SLB)

Faculty			Department		
Surname and Initials			Student Number		
Gender	Male	Female	Title		
Telephone Work			Cellphone Number		
Postal Address					
				Postal Code	
Email Address					
Citizenship	SA	Other	Degree registered	Master's	Part-time
				Doctoral	Full-time
Month and year of first registration					
Have you applied for other bursaries?			Yes	No	
Other bursary: Name and Value					
Name of Host			Date		
Head of Department			Date		
HFA			Date		
Student Signature			Date		

Recommendation					
Host's Signature			Date		
Faculty Representative			Date		