

Tertiary Scholarship & Loans Board

"Building a Smarter Fiji"

TSLB 04-03

APPLICATION FOR NTS TO TELS SWITCH FOR REPEAT COURSES/UNITS

A. Conditions for any approval by TSLB

- 1. Incomplete applications will not be considered by TSLB.
- 2. Duly completed form must be hand-delivered to a TSLB office nearest to you. Forms submitted by emails will not be considered.
- 3. TSLB will only fund units/courses failed after 1 August 2017 once. Any subsequent repeat of courses/units has to be funded by the students privately.
- 4. Students must apply for TELS for the repeat courses/units before the commencement of the semester/trimester/quarter in which the repeat units/courses will be offered. No application will be considered after the academic term in which he repeat course(s)/unit(s) has commenced.

B. PERSONAL DETAILS									
TIN					Student ID No:				
Surname :					First Name:				
Other Name (s) :					Email Address:				
Phone Contact:					Institution Nam	ne:			
Campus Name:					Current Program	m of Study	y:		
Current Major(s)/Minor:					TIN NO:				
Year of NTS Commencement					Term of NTS				
C. PARTICULARS OF REQUEST									
No: Of Courses/Units in the Program No: Of Courses Completed									
No: Of Course(s) Remaining:			Exp	Expected Year and Term of Completion					
No: of Repeat Course(s) Applying For			Re	epeat Co	ourse(s) Code	Г			
D. ALLOWANCES APPLYING FOR UNDER TELS:									
Parents /Guardians salary slip /Statutory declaration by the parents/guardians (Non-working/self-employed parents /guardians. Bank Statement, E-Ticket Card No:									
course of your studies. Category of Allowance				Amou	nt applying for p	or wook			
	Rent			Amou				-	
	Food								
	Bus Fare								
	Incidental and Stationary								
E. MANDATORY DOCUMENTS TO ATTACH (Please tick the documents attached with this application)									
1 Full Academic Transcript 2. Evidence of Parents/Guardian's Income 3 Letter Explaining the reason(s) for failing the course(s) In the first attempt Image: Constant of the second secon									
F. STUDENT DECLARATION									
The information provided in my application is, to the best of my knowledge, complete and accurate, and I understand that false									
statements/information on this application will disqualify me from the scheme And can result in the termination of the award.									
TSLB reserves the right to seek any additional information.									
Applicants Name:			Applicants Signature:			Da	ite		
G. For Office Use Only				-					
The application has been approved Yes					NO				
TSLB Officer:			Date:						
Manager Students Services: Date: Date:									
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