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**HEFCW P/T UG FEE WAIVER APPLICATION FORM (Academic Year 2023/24)**

Please complete **all sections** and return, **with evidence**, to:

Lifelong Learning, Second Floor Cledwyn Building, Penglais Campus, Aberystwyth, SY23 3DD.

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| **OFFICE USE ONLY:** | Student Registration Number: | □□□□□□□□□ |

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| **Details about you:** | | | | | |
| Surname: | | Full forenames: | | | Title: (Mr/Mrs/Ms) |
| Home Address: | |  | | |  |
|  | | Postcode: | | |  |
| Home Tel: | | Mobile Number: | | | |
| E-mail address: | | | | | |
| **Eligibility Criteria – To be eligible for a fee waiver you:** | | | | | |
| * Must be living in Wales * Must not study more than 20 credits in this Academic Year   and to meet **ONE** or more of the personal criteria listed below. | | | |  | |
| **Courses on which you are enrolled this year:** | | | | | |
|  | | | | | |
| **Course Code** | **Course Title** | | **Start Date** | | **Number of Credits** |
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I am claiming a Fee Waiver on the following grounds (please tick) please provide the relevant documentary evidence:

I or a member of my family is in receipt of (please delete as appropriate):

* Universal Credit or its predecessors / Jobseekers Allowance / Employment and Support Allowance

**I am in receipt of one of the following allowances (please delete as appropriate:**

* Carers Allowance / Carer’s Credit / Disability premium or other disability-related financial support
* Bereavement benefits

**Be from a group which is under-represented in higher education**

* Areas in the bottom two quintiles of the Welsh Index of Multiple Deprivation 2019
* From the UK low participation in HE areas as measured by the proportion of working age adults

with HE qualifications from the 2011 census (bottom two quintiles)

* Care leavers or care experienced students / students with disabilities / from ethnic minority backgrounds
* LGBTQ+ students / Refugees and Asylum seekers / students with caring responsibilities
* Studying through the medium of Welsh

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|  | **I have attached supporting evidence of my entitlement\*** |
|  | \* (This can be in the form of a **curren**t letter from the Department for Work & Pensions, HM Revenue & Customs, Local Council or |
|  | Job Centre, confirming entitlement or a written note confirming that the only income you or your family receive is DfWP benefits) |

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| **Declaration:** | |
| I have read and agree to abide by all the stipulations as laid out in the eligibility criteria. I agree to notify | |
| Lifelong Learning department should my circumstances change, which may mean that I no longer qualify for the Fee Waiver. | |
| I confirm that the information given on this form is correct to the best of my knowledge. | |
| Signed: | Date: |