University of Technology, Jamaica Finance and Business Services Division Department of Student Financing Student Financial Services Unit

Guidelines for Completing Form

In order to facilitate service delivery and to reduce processing delays, students are kindly asked to observe the following guidelines in completing the form::

- 1. Students are to ensure that the form is accurately completed in full with ALL the information requested. Incomplete forms will **not** be processed.
- 2. Students are to download the form and use the **latest version of Adobe Acrobat Reader DC** or **Adobe Acrobat DC** to properly complete the form electronically (download the free version of Adobe Acrobat Reader DC via **https://get.adobe.com/reader/**). Do not use Web Browsers to complete form.
- 3. If you are a **current student**, submit the completed form accompanied by a picture of a valid UTech, Ja. Student ID card and the necessary supporting documents, as an attachment in an email with the following information in the subject line: **Name**, **Student ID#**, **Faculty and Campus Location** (**Kingston or Western**).
- 4. If you are a **prospective student (new applicant)**, submit the completed form accompanied by a picture of a valid Government ID card and the necessary supporting documents, as an attachment in an email with the following information in the subject line: **Name**, **Student ID#**, **Faculty and Campus Location** (**Kingston or Western**).

University of Technology, Jamaica **Finance and Business Services Division Department of Student Financing Student Financial Services Unit**

INCTDUCTIONS

INSTRUCTIONS Students are required to complete sections A-B. Fields with boxes highlighted in RED are mandatory. Incomplete form will not be processed.							
(A) PERSONAL INFO							
Tax Registration No		Stude	Student ID No		Title		
First Name		Middle Name			Last Name		
E-Mail		Telephone No			Campus Location		
Mailing Address					Faculty		
School	cool Course of Study						
Semester		Academic Year Registration Status					
(B) REQUEST DETAI							
I (full name)	hereby request on this date (dd/mm/yyyy)					, that the	
excess funds paid by my	sponsor(s)	/ donor(s) be t	transferi	red as follows, to	offset my outstandi	ng balance.	
No. Sponsor / Donor M	Name	Amoi \$	ınt I	From Academic Year	To Academic Year	Fee Type	
1							
2							
3							
4							
Student's Name		Stu	(Name &	Signature & ID #)		Date	
FOR	OFFICIAL	USE BY THI	E FINA	NCE AND BUSI	NESS OFFICE O	NLY	
(C) AUTHORISATION	N						
Received by SFSA (Name)				Signature		Date	
Recommendation							
Transfer? A	pproved	Denied	Invest	igated	STA	AMP HERE	
Decision's Remark							

Decision's Remark

Decision by SFS-Supervisor/Snr. **Signature**

Date Accountant/Director

Action's Remark

Action by Accounting Assistant Date **Signature**

(D) DECISION COMMUNICATED

E-Mail **Telephone** Decision communicated to student via **In-person**

Communicated by Name Date **Signature**