

# DEPARTMENT OF STUDENT FINANCING

## TRANSFER OF SPONSOR CREDIT

### INSTRUCTIONS

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

STUDENT'S ID #: \_\_\_\_\_ TRN: \_\_\_\_\_

COLLEGE/DEPT./FACULTY: \_\_\_\_\_ PROGRAMME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

I hereby request for the excess funds paid by my sponsor (s) be transferred as follows:

No.	Sponsor Name	Amount	From A/Y	To A/Y	Fee Type	
					ECF / Tuition	Boarding
1						
2						
3						

Please explain briefly any other relevant details regarding your request.

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\_\_\_\_\_  
STUDENT'S NAME

\_\_\_\_\_  
STUDENT'S SIGNATURE

\_\_\_\_\_  
DATE

### FOR OFFICIAL USE ONLY

RECEIVED BY: \_\_\_\_\_

Student Financial Services Assist. (SFSA)      Signature      Date

APPROVED BY: \_\_\_\_\_

Supervisor / Director      Signature      Date

APPROVED  
 DENIED

ACTIONED BY: \_\_\_\_\_

Accounting Assistant (SDR)      Signature      Date

DECISION COMMUNICATED BY : E-MAIL  PHONE  NAME (SFSA) \_\_\_\_\_ DATE: \_\_\_\_\_