



# GOVERNMENT OF SAINT LUCIA

## TUITION REFUND APPLICATION FORM

For Official Use:

A/Y: \_\_\_\_\_

TR ID: \_\_\_\_\_

### SECTION A: PERSONAL INFORMATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ OTHER: \_\_\_\_\_

SEX: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ NIS #: \_\_\_\_\_  
(DD/MM/YYYY)

HOME ADDRESS: \_\_\_\_\_

DISTRICT: \_\_\_\_\_

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

DISTRICT: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

MOBILE #: \_\_\_\_\_ HOME #: \_\_\_\_\_ WORK #: \_\_\_\_\_ OTHER #: \_\_\_\_\_

### SECTION B: EMPLOYMENT INFORMATION

STAFF ID: \_\_\_\_\_ POSITION: \_\_\_\_\_

DIVISION: \_\_\_\_\_

MINISTRY/DEPARTMENT: \_\_\_\_\_

GRADE/STEP: \_\_\_\_\_ YEARS OF SERVICE: \_\_\_\_\_ YEARS IN POST: \_\_\_\_\_

DATE APPOINTED TO CURRENT POST: \_\_\_\_\_ DATE OF ENTRY INTO SERVICE: \_\_\_\_\_  
(DD/MM/YYYY) (DD/MM/YYYY)

### SECTION C: STUDY INFORMATION

AREA OF STUDY: \_\_\_\_\_

LEVEL OF STUDY: \_\_\_\_\_ OTHER: \_\_\_\_\_  
(please specify)

EDUCATIONAL INSTITUTION: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

COMMENCEMENT DATE: \_\_\_\_\_ EXPECTED COMPLETION DATE: \_\_\_\_\_ DURATION OF STUDY: \_\_\_\_\_  
(DD/MM/YYYY) (DD/MM/YYYY)

MODE OF STUDY: \_\_\_\_\_



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### SECTION D: COST OF STUDY

PLEASE GIVE A BREAKDOWN OF THE TOTAL COST OF YOUR STUDY PROGRAMME.  
(Documentary evidence should be attached to support costs indicated below. Breakdown should be based on the total cost of the study programme.)

TUITION: \_\_\_\_\_

PRESCRIBED TEXTBOOKS: \_\_\_\_\_

REGISTRATION FEES: \_\_\_\_\_

EXAMINATION FEES: \_\_\_\_\_

OTHER FEES: \_\_\_\_\_  
(Please specify the type of fees) (Please specify amount here)

TOTAL COST OF STUDY: \_\_\_\_\_ ESTIMATED REIMBURSEMENT: \_\_\_\_\_

PLEASE INDICATE WHICH OF THE FOLLOWINGS ARE ATTACHED TO THIS APPLICATION FORM.  
(\* Required)

- Letter of acceptance from educational institution. \*
- Supporting documentary evidence for breakdown of study costs. \*
- Completed Statement of Conduct & Work Ethics Form. \*
- Transcripts (required if enrolled in the programme for at least one (1) semester).
- Other: \_\_\_\_\_  
(Please specify)

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE  
(DD/MM/YYYY)

### FOR OFFICIAL USE ONLY

APPROVED

NOT APPROVED

CABINET CONCLUSION #: \_\_\_\_\_ DATE OF CONCLUSION: \_\_\_\_\_ AWARD VALID UNTIL: \_\_\_\_\_  
(DD/MM/YYYY) (DD/MM/YYYY)

ELIGIBLE TO BE REFUNDED COSTS INCURRED FROM: \_\_\_\_\_

COMPLETION DATE OF STUDIES: \_\_\_\_\_ DATE OF APPLICATION FOR REIMBURSEMENT: \_\_\_\_\_  
(DD/MM/YYYY) (DD/MM/YYYY)

AMOUNT REIMBURSED: \_\_\_\_\_ BOND PERIOD: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

PROCESSING OFFICER: \_\_\_\_\_  
Name Signature Date