

# Part-time HE student Fee waiver claim & Learning agreement Academic year 2010-2011

## Student Personal Details (block caps please)

Student number	<input type="text"/>	Surname	<input type="text"/>
Date of birth	<input type="text"/>	Forename(s)	<input type="text"/>
Address 1	<input type="text"/>		
Address 2	<input type="text"/>		
Address 3	<input type="text"/>		
Study location	<input type="text"/>	Registration date	<input type="text"/>
Course	<input type="text"/>	Year of study	<input type="text"/>
Start date	<input type="text"/>	Expected end date	<input type="text"/>

## Core Criteria

<p><b>Part-time study</b></p> <p><i>either</i> less than 16 hours per week of classroom based learning <input type="checkbox"/></p> <p>or</p> <p>21 hours per week in total made up of: 16 hours or less of classroom based learning, and extra hours using structured learning packages supported by teaching staff <input type="checkbox"/></p>	<p><b>Undergraduate HE programme</b> <input type="checkbox"/></p> <p>ie following a programme of study that is credit-bearing at higher education.</p> <p>Non credit-bearing courses and postgraduate courses <b>do not qualify</b>.</p> <p>Students who already have a first degree may be eligible for a fee waiver to study for another first degree, provided they satisfy other aspects of the criteria.</p>	<p><b>Scottish domicile</b> <input type="checkbox"/></p> <p>or</p> <p><b>EU citizenship other than UK</b> <input type="checkbox"/></p>
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**Qualifying criteria is listed on back of this form.  
Please tick the appropriate box(es) before signing below.**

## Student Declaration

I certify that the information provided on this form is accurate and understand that action may be taken in the case of any fraudulent entries.

I undertake to notify my college of any material change in my circumstances.

Student's Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

UHI Staff Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

## Qualifying Criteria

Please tick only **one** box below

	Evidence required	Office use only		
		evidence seen and/or attached	coded on SITS by (tick, initial & date)	
<p><b>I am in receipt of:</b></p> <p><input type="checkbox"/> Severe disablement allowance</p> <p><input type="checkbox"/> Disability living allowance</p> <p><input type="checkbox"/> Incapacity benefit</p> <p><input type="checkbox"/> Carer's allowance/ "Underlying entitlement" to Carer's allowance</p> <p><input type="checkbox"/> Attendance allowance</p> <p><input type="checkbox"/> Contributory Employment and Support Allowance</p> <p><b>I am / my family is in receipt of:</b></p> <p><input type="checkbox"/> Housing benefit</p> <p><input type="checkbox"/> Working tax credit</p> <p><input type="checkbox"/> Pension credit</p> <p><input type="checkbox"/> Income-based job seekers allowance</p> <p><input type="checkbox"/> Income support</p> <p><input type="checkbox"/> Income related Employment and Support Allowance</p>	<p>Letter from the DWP agency, local council or Jobcentre</p> <p style="text-align: center;"><b>or</b></p> <p>Other confirmation that the relevant criterion is met.</p>	<input type="checkbox"/>	HE: FWSDA	<input type="checkbox"/>
		<input type="checkbox"/>	HE: FWDLA	<input type="checkbox"/>
		<input type="checkbox"/>	HE: FWIB	<input type="checkbox"/>
		<input type="checkbox"/>	HE: FWCA	<input type="checkbox"/>
		<input type="checkbox"/>	HE: FWAA	<input type="checkbox"/>
		<input type="checkbox"/>	HE: FWCESA	<input type="checkbox"/>
		<input type="checkbox"/>	HE: FWHB	<input type="checkbox"/>
		<input type="checkbox"/>	HE: FWWTC	<input type="checkbox"/>
		<input type="checkbox"/>	HE: FWPC	<input type="checkbox"/>
		<input type="checkbox"/>	HE: FWJA	<input type="checkbox"/>
<input type="checkbox"/>	HE: FWIN	<input type="checkbox"/>		
<input type="checkbox"/>	HE: FWESA	<input type="checkbox"/>		
<p><b>With regard to my family:</b></p> <p><input type="checkbox"/> The sole income of my family is department of Work and Pensions benefits</p> <p><input type="checkbox"/> The 09-10 net income of my family was below the threshold for receiving Income support</p> <ul style="list-style-type: none"> <li>▪ households with only one person: £8,282</li> <li>▪ households consisting of a couple without children: £12,395</li> <li>▪ households with dependent children: £18,977</li> </ul>	<p>Written confirmation that the relevant criterion is met</p>	<input type="checkbox"/>	HE: FWDWP	<input type="checkbox"/>
		<input type="checkbox"/>	HE: FWLI	<input type="checkbox"/>