



**APPLICATION FOR FUNDING OF REPEAT UNIT**

**Instruction**

1. Applicants must fill this fillable PDF form with the required information and submit along with the listed documents.
2. Incomplete and late applications will not be assessed by TSLS. Applicants must strictly adhere to the set due dates and liaise with the Higher Education Institutions (HEI) for requirements where necessary.
3. Duly completed form must be emailed as follows:
  - for students on Merit based Scholarships Scheme for Higher Education on [schand@tsls.com.fj](mailto:schand@tsls.com.fj)
  - for students on Skills Qualification (TVET) Scheme on [stuikaba@tsls.com.fj](mailto:stuikaba@tsls.com.fj)
  - for students on Scholarships at FNU, UOF and CCTC on [jlal@tsls.com.fj](mailto:jlal@tsls.com.fj)
  - for students on Scholarships at USP, Fulton and SIT on [ssingh@tsls.com.fj](mailto:ssingh@tsls.com.fj)
4. **The funding of repeat unit will only be considered for situations faced through Act of God and at the discretion of the Tertiary Scholarships and Loans Service (TSLS).**

**A. Personal Details**

TIN Number		Student ID Number	
First Names		Surname	
Phone Contact		Alternative Contact	
Email Address		Tertiary Institution	

**B. PARTICULARS OF APPLICATION IF APPLYING FOR PAYMENT OF REPEAT COURSE**

No: Of Courses/Units in the Programme:  No: Of Courses/Units Completed and passed:

Course/ Unit Name and Code that you wish to repeat:

**C. DOCUMENTS TO ATTACH (Please tick the documents attached with this application)**

No.	Description	Tick
1	Full Academic Transcript	<input type="checkbox"/>
2	Letter Explaining the reason(s) for failing the course(s) with Supporting Documents and Evidence	<input type="checkbox"/>
3	Supporting Letter/Document from Tertiary Institution with Staff Identification and Contact	<input type="checkbox"/>

**D. Applicant Declaration**

The information provided in my application is, to the best of my knowledge, complete and accurate, and I understand that provision of false information is an offense under False Information Act. I also understand that TSLS reserves the right to seek any additional information deemed necessary for the purpose of assessing this application.

**Applicant Name:**  **Signature:**  **Date:**

**E. For Official Use Only**

The application has been ☐ Approved ☐ Declined

**TSLS Authorised Officer Name:**  **Signature:**  **Date:**