

**REQUEST FOR TUITION FEE WAIVERS FOR POSTGRADUATE RESEARCH DEGREES
FACULTY OF ARCHITECTURE**

Name of the student: _____
Degree applied for: _____
Department of study: _____
Name of supervisor/s: _____

Date on which application for registration was approved by the senate:
Tuition Fees for the programme: Rs _____ Per year for _____ years.
Waiver requested. _____

Date Signature of Student

Recommendation of the Supervisor/s

Justification (According to Senate Memo:

1. Grant covers the entire research cost
2. Grant covers part of research cost (please specify _____ %)
3. Student has postgraduate or honors degree with 1st or 2nd class (please specify)
4. Student is on a university Research grant
5. Other (please specify) _____

Date Signature of Supervisor

Recommendation of Head of the Department

Waiver recommended:

Comments:

Date Signature of Head of the Department

Recommendation of Director, Postgraduate Studies

Waiver recommended:

Comments:

Date Signature of Director, PGS

Recommendation of Dean, Faculty of Architecture

Waiver recommended:

Comments:

Date Signature of Dean, Architecture

Approval of Vice chancellor

Waiver recommended: Yes No

Director/Postgraduate Studies,

Please inform Bursar, SAR (Exams) and Head of the Department.

Date Signature of Vice Chancellor

Bursar/SAR (Exams)/ Head of Department of _____

Vice chancellor has approved a tuition waiver of _____ %. The above student should pay Rs. _____ Per year as tuition fees, for a minimum period of _____ years.

Date Signature of Director, PGS