

Finance Department**Request for Waiving of MATSEC Examination Fees****Section A** (to be filled in Block Letters)

Ref No: _____

Name & Surname of Candidate: _____

Address: _____

Candidate's I.D: _____

Telephone No: _____

| | | | |
|---|--|---|--|
| School: _____ | | | |
| Examination Level: <i>(tick where applicable)</i> | | SEC: _____ Matriculation Certificate _____ | |
| Examination Session: _____ | | Matriculation Advanced Single Subject _____ | |
| Subjects: | | | |
| | | | |
| | | | |

Section B (to be filled in Block Letters)

Member of University Staff:

Name & Surname: _____

Relation to Candidate: _____

Faculty _____ Type of employment: Full-time _____ Part-time _____

Signature _____

Section C

Endorsement from University Finance Director _____

Date: _____

N.B. This form is to be attached with the Invoice after endorsement of Section C. Waiving of fees is not applicable to late applications.