

University of Technology, Jamaica
Finance and Business Services Division
Department of Student Financing
Student Financial Services Unit

Guidelines for Completing Form

In order to facilitate service delivery and to reduce processing delays, students are kindly asked to observe the following guidelines in completing the form:

1. Students are to ensure that the form is accurately completed in full with ALL the information requested. Incomplete forms will **not** be processed.
2. Students are to download the form and use the **latest version of Adobe Acrobat Reader DC** or **Adobe Acrobat DC** to properly complete the form electronically (download the free version of Adobe Acrobat Reader DC via <https://get.adobe.com/reader/>). Do not use Web Browsers to complete form.
3. If you are a **current student**, submit the completed form accompanied by a picture of a valid UTech, Ja. Student ID card and the necessary supporting documents, as an attachment in an email with the following information in the subject line: **Name, Student ID#, Faculty and Campus Location (Kingston or Western)**.
4. If you are a **prospective student (new applicant)**, submit the completed form accompanied by a picture of a valid Government ID card and the necessary supporting documents, as an attachment in an email with the following information in the subject line: **Name, Student ID#, Faculty and Campus Location (Kingston or Western)**.

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INSTRUCTIONS

Students are required to complete sections A-B. **Fields** with boxes highlighted in **RED** are mandatory. Incomplete form will **not** be processed.

(A) PERSONAL INFORMATION

Tax Registration No	Student ID No	Title
First Name	Middle Name	Last Name
E-Mail	Telephone No	Campus Location
Mailing Address	Faculty	
School	Course of Study	
Semester	Academic Year	Registration Status

(B) REQUEST DETAILS

I (full name) _____ hereby request that the available credit balance of _____
as at today (dd/mm/yyyy) _____, be transferred from my (payment) _____, to cover
outstanding balance on my (account type) _____.

Student's Name	Student's Signature <small>(Name & ID #)</small>	Date
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FOR OFFICIAL USE BY THE FINANCE AND BUSINESS OFFICE ONLY

(C) AUTHORISATION

Received by SFSA (Name)	Signature	Date
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Recommendation

Transfer?	Approved	Denied	Investigated	STAMP HERE
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Decision's Remark

Decision by SFS-Supervisor/Snr. Accountant/Director	Signature	Date
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Action's Remark

Action by Accounting Assistant	Signature	Date
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(D) DECISION COMMUNICATED

Decision communicated to student via	E-Mail	Telephone	In-person
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Communicated by Name	Signature	Date <small>(dd/mm/yyyy)</small>
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