

2. Details of Programme of Studies:

Name of Programme of Study	Duration (Years)	Year of Study (at the time of application)	Fees per annum (Rs) (Fees will include Tuition Fees, General Fees and Other Fees, where applicable)
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Undergraduate Postgraduate

Mode: Full-Time Part-time

3. (a) Have you applied for any other scholarship/financial assistance for this Academic Year 2020/2021?

Yes No

If "Yes" please provide the following details:

(i) Name of Scholarship Scheme/Financial Assistance/Sponsorship:

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(ii) Amount of Scholarship/Financial Assistance/Sponsorship: Rs

(b) Have you benefitted from any other scholarship/sponsorship/financial Assistance in the past? (Please tick as appropriate)

Yes No

If "Yes" please provide the following details:

(i) Academic Year: (ii) Type: One-Off Renewable

(iii) Amount received: Rs

(iv) Name of Scholarship Donor:

Name of Scholarship Scheme:

(v) Contact details of the Scholarship Donor:

Name:

Email Address:

SECTION B: DISABILITY INFORMATION

Purpose and Instructions

This section is used to determine your eligibility for assistance under the University of Mauritius Scholarship Scheme for Disabled Students. Eligibility is based on the functional impact of the disability on your ability to participate in a higher educational environment and, in some instances, the permanence of this disability.

Ensure that you complete all sections. If you require additional space, please attach a letter with the additional information. Provide clear statements about your disability-related functional limitations and /or restrictions.

6. Nature of Disability – Please tick as appropriate

- Physical Disability** (e.g, orthopaedic, mobility problems, spinal cord injuries, spinal deformity, spina bifida, hemiplegia, cerebral palsy, sensory integration deficits, visual spatial perception etc)
- Social, emotional and behavioural disturbance** (e.g, attention deficit hyperactive disorder, combined hyperactive – impulsive and inattentive, schizophrenia, anxiety disorders, obsessive compulsive disorder, emotional and behaviour disorders and antisocial personality disorder etc)
- Intellectual and Brain related disabilities** (e.g., dyslexia, dysgraphia, dyspraxia, dyscalculia, gifted, down syndrome, fragile x syndrome, William syndrome, Epilepsy and epileptic syndromes etc)
- Visual impairment**
- Communication Disorder** (e.g., hearing impaired, speech disorders, language disorders etc)
- Autism Spectrum Disorder** (e.g., autism, Asperger’s, pervasive developmental disorders etc)
- Multiple Disabilities** (e.g., restricted movements, skeletal deformities, sensory disorders, seizure disorders, lungs and breathing control etc)
- Other Health related disabilities** (e.g., cancer, chemical dependency, Epstein barr virus, human immunodeficiency virus, lyme’s disease, lupus erythematosus, multiple sclerosis, renal disease or failure etc)

7. Please provide further details on the nature and degree of disability in the space below.

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8. Support Requirements (Please tick as appropriate)

(Specialised equipment)

Specify equipment
required

(Specialised services or arrangements)

Specify services and
arrangements
required

9. Contact details of Registered Medical Practitioner as reference (if applicable)

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10. False Information

I understand that, in case false information is submitted, any scholarship that may have been granted will be cancelled forthwith and amount disbursed should be refunded within one(1) month of the date of the notification.

Moreover, any false information and/or false documents provided, may lead to disciplinary action to be taken by the University against me. I may also be liable for prosecution.

11. Declaration

I declare that, to the best of my knowledge and belief, the particulars given on this Form are true and correct and that no information which might affect the decision of the University of Mauritius Scholarship Scheme for Disabled Students Committee has been withheld.

I hereby agree to abide by the conditions attached to the Scholarship offered by the University of Mauritius.

Signature:

Name:

Date:

12. For Office Use only:

Submitted on: Documents verified by:

Signature: Date:

