

# REMISSION OF COURSE FEES 2009/2010



Funded by:



**This completed form MUST be attached to a Learning Agreement**

## SECTION ONE: TO BE COMPLETED BY THE LEARNER

LEARNER NUMBER: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

FORENAMES: \_\_\_\_\_

COURSE CODES: \_\_\_\_\_

## SECTION TWO: REMISSION OF COURSE FEES

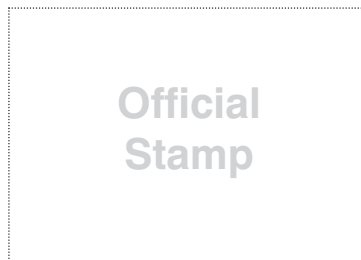
I am claiming remission of course fees for the reason shown below: *(please tick)*

Reason for remission	Funding Stream	LSC	ACL	HE
Job Seekers Allowance				
Income Support				
Housing/Council Tax Benefit				
Unwaged Dependand of any of the above				
Co Student/Care Worker				

Signed \_\_\_\_\_ Date \_\_\_\_\_

## SECTION THREE: TO BE COMPLETED BY THE BENEFITS AGENCY

This is to certify that \_\_\_\_\_  
 residing at \_\_\_\_\_  
 \_\_\_\_\_  
 has been receiving (please state benefit) \_\_\_\_\_  
 \_\_\_\_\_  
 benefit since \_\_\_\_\_



Signed \_\_\_\_\_ Date \_\_\_\_\_