**For Office Use**

**Student Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Claim Form Number: \_\_\_\_\_\_\_\_\_**

**UNIVERSITY OF THE WITWATERSRAND – SCHOOL OF MATHEMATICS**

**RECORD OF TUTOR ASSISTANCE FOR MERIT BURSARY AND POSTGRADUATE FINANCIAL AID STUDENTS AND CLAIM FORM FOR PAYMENT OF TEACHING ASSISTANTS/TUTORS/SCRIPT MARKERS – KEEP THIS FORM IN A SAFE PLACE**

First Name and Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID Number: \_ \_ \_ Payee Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_

Course Tutored: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff member in Charge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(e.g. MATH1036) (e.g. Course coordinator/lecturer)

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| Date (d/m) | Time e.g. (15h15-16h15) | Venue (WSS20/ online) | Nature of work (Tutoring/mrk’ing) | Tutor Signature | Staff  Signature |  | Good | Bad |
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Total hours: \_ \_\_ \_ Checked by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (For Office Use) (For Office Use)

Signature of Tutor: \_\_\_\_\_\_\_\_ Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Lecturer/Course Coordinator:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_ \_

**Please submit this for to Room 323, Third Floor, T.W.Kambule Mathematical Science Bldg, West Campus or Mrs Phyllis Lethoko’s pigeonhole (at the end of each month/block)**