



## SCHOLARSHIP STUDENTS' SCHOOL VERIFICATION FORM

### Personal Info

Full Name \_\_\_\_\_

Contact Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

### School Info

Name of School \_\_\_\_\_

Faculty/College \_\_\_\_\_

Department \_\_\_\_\_

Course of Study \_\_\_\_\_

Level \_\_\_\_\_

CGPA \_\_\_\_\_

I \_\_\_\_\_ attest that the information provided by me above is true and correct to the best of my knowledge. That I shall be disqualified from the Scholarship if the information is found to be false or incorrect at any time.

\_\_\_\_\_  
Name of Head of Department

\_\_\_\_\_  
Signature, Stamp and Date