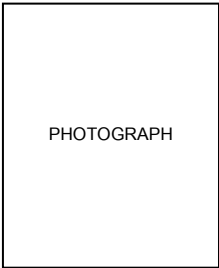


REQUEST FOR SCHOLARSHIP FUNDS



1. NAME – SURNAME _____ AGE _____ YEARS
DEPARTMENT _____ FACULTY _____
DATE OF EMPLOYMENT _____ DURATION OF SERVICE _____ YEARS

2. EDUCATIONAL QUALIFICATIONS
2.1 BACHELOR'S DEGREE _____ MAJOR _____
UNIVERSITY _____ GRADUATION YEAR _____
2.2 MASTER'S DEGREE _____ MAJOR _____
UNIVERSITY _____ GRADUATION YEAR _____

3. TEACHING COURSE (S) / TITLE (S)

4. WORK RESULTS / AWARD PRIZE

5. DATA FOR CONSIDERATION
5.1 TOEFL SCORE _____ GMAT SCORE _____ IELTS SCORE _____ GRE SCORE _____
5.2 RESEARCH TITLE / RESEARCH WORK RESULTS

6. LEVEL OF EDUCATION REQUESTED FOR SCHOLARSHIP
MASTER'S / DOCTORATE
DEGREE _____ MAJOR _____
AT _____ PERIOD _____ YEARS

7. REASONS TO REQUEST FOR SCHOLARSHIP

8. WHEN YOU HAVE COMPLETED YOUR STUDY, WHAT KIND OF TEACHING AND WORK DO YOU WISH TO DO?

_____ (APPLICANT'S SIGNATURE)
_____/_____/_____

9. OPINION OF THE DEPARTMENT CHAIRPERSON

_____ (SIGNATURE)

10. OPINION OF THE DEAN

_____ (SIGNATURE)

APPROVED BY _____
(VICE - PRESIDENT)
_____/_____/_____

APPROVED BY _____
(PRESIDENT)
_____/_____/_____