

**16 HOURS STUDY & WORK SCHOLARSHIP FORM**

**AIGS**

**16 Hours Study & Work Scholarship Form**



**Personal Details**

Name :

Student ID :

Degree : Major:

Semester :

Phone :

**Hebrews 4:13**

“Nothing in all creation is hidden from God’s sight. Everything is uncovered and laid before the eyes of Him to whom we must give account”

**Instructions:**

\* Students are required to take the signature from the appointed supervisor right after the work is completed

\* Without out the signature of the appointed supervisor the form will be nullified

Personal Details:

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree : \_\_\_\_\_\_\_\_\_\_\_ Major: \_\_\_\_\_\_\_\_ Semester : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Office Use

Received On: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved

Rejected

Approval

Registrar

Director

Dean of AIGS

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

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| --- | --- | --- | --- | --- | --- |
| **Date** | **Time**  | **Total Hours** | **Location**  | **Signature**  | **Supervisor**  |
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