



# MUTA Education Scholarship Program

2024 – 2025 Academic Year

## Student Information Verification

(To be completed by an official of competent authority)

The Head of Department  
or appropriate authority (e.g., Registrar's office, Departmental Exams Officer)

Mr./Ms./Mrs \_\_\_\_\_ is applying for the 2023 MUTA Educational Scholarship Program. We seek your help in verifying and authenticating the student's information provided above. We thank you in advance for your collaboration.

Name of Official: \_\_\_\_\_

Position and Rank: \_\_\_\_\_

Is the student a *bona fide* member of the department indicated? \_\_\_\_\_

What is the student's current CGPA? \_\_\_\_\_

Please indicate the period in years or number of hours over which the GPA is calculated: \_\_\_\_\_

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

(Note: Signature must be sealed with the appropriate official stamp)