



Should be Filled by the authorized department submitting the request			
	National ID		Name
	Affiliated institution		Position
	University and Location of Scholarship:		Degree Pursued:
Type of Request:		justifications :	
Request Origin: Letter from [.....], No. [.....], dated .././.... regarding reimbursement of fees for the [Test Name].			
Endorsement from the Cultural Attaché based on a letter from the academic supervisor.			
Previous discussion and recommendations One of the college staff members was granted access privileges to the archive of the department's decisions.			
Department recommendation (If approved by majority vote or declined, please specify the reason.)			
College recommendation (If approved by majority vote or declined, please specify the reason.)			

Requirements:

1. Letter specifying test date or invoices.
2. Proof of payment.
3. Test and reimbursement request must be within the scholarship period.

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