



TIMES UNIVERSITY
MULTAN, PAKISTAN

SCHOLARSHIP APPROVAL FORM (EXTERNAL)

Student Name:		Father Name:	
Reg. No.:		CNIC:	
Program:		Batch:	
Current Semester:		Institute Hostel Resident:	Yes <input type="checkbox"/> No <input type="checkbox"/>

1. Account Office Clearance:

Clearance upto -

Note: Student must clear his/her dues upto current month for approval of Scholarship Form.

Account office Stamp & Sign.

2. HOD / Department Coordinator Feedback:

Comments:

HOD / Coordinator Name: _____ Sign: _____ Date: _____

3. Last Semester Attendance % _____ Current Semester Attendance % _____

4. Last Semester SGPA _____ CGPA _____

_____ Date

_____ Asst. Controller of Examination

5. Recommendation:

Comments (if any):

Recommended Yes No

_____ Pro Vice Chancellor

6. Decision:

Approved

Not Approved

_____ Executive Director