## **Scholar Report**

To Be Completed by the Scholarship Recipient:
Name:
Academic Year Start:
Academic Year End:
Estimated Graduation:
CGPA / Scale: / 10
Faculty Review:
1. Please comment on the student's academic progress and rate of progress towards completing the
degree program.
Comment: Excellent / Good / Needs Improvement
2. Please comment on any extracurricular activities or achievements of the student.
Comment: Active participation in academic and extracurricular activities.
3. Additional Comments: The student demonstrates strong dedication and commitment towards
academic excellence.
Authorized Signatory:
Name of Dean / HOD / Principal:
Title:
Signature:
Institute Stamp:
Date: