

CERTIFICATE OF ELIGIBILITY

| | This certifies that | | | | has applied for | | | |
|--------|----------------------------|-----------|---------------------------|-------|-----------------|---------|-----------|-------|
| the Er | ntrance Grant B | Benefit (| Type of Discoun | | | ided by | the Unive | rsity |
| on | Date Applied ate Approved | and app | roved by | the C | Office | of the | Registrar | this |
| | | | | | | | | |
| | | | OVED & SIO ty Registra | | | | | |
| | | _ | DATE: | | | | | |