PLACE ON INSTITUTIONAL LETTERHEAD

Date: _____

To Whom It May Concern,

Proof of Full-Time Enrolment & Expected Completion

1. _____, _____, hereby
(*Institution Name)* *(Country)*

confirms that:

Student Name: _____

Student ID Number: _____

Student Email: _____

Program of Study: _____

is currently enrolled in a full-time program at their home institution.

2. The students expected completion date of their degree will be Month: _____ Year: _____

The student is expected to return to the home institution after the scholarship period ends to complete their studies.

Sincerely,

[Signature]

Name

Title