

SCHOLARSHIP TIME REGISTER

Submit to the receptionist on the 15th and 30th of each month.

Scholarships: ☐ Allias ☐ Chan Shun ☐ Gunawan

| | |
|-----------------------|---|
| Name: _____ | Hours Required: _____ Hours Left: _____ |
| Address: _____ | Job Assignment: _____ |
| Nationality: _____ | Reporting*: _____ |
| Degree Program: _____ | For the Month: _____ |

| Date | TIME | | | DESCRIPTION OF WORK | |
|--------------------|------|-----|-----------|---------------------|--|
| | In | Out | # of hrs. | | |
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| Total No. of Hours | | | | | |

**The person to whom the recipient is assigned to work for.*

I hereby certify that the above records are true and correct.

Recipient's Signature

Supervisor's Signature