

Request for Exemption of Scholarship Repayment					
Name		Course		Academic Dept.	
Student Type		Year of Matriculation		Year of Graduation	
Amount of Repayment			Reason for Scholarship Repayment		
Period of Repayment	20				
Pre-paid Amount	W		Balance		
Exemption Type	<input type="checkbox"/> Fully exempted <input type="checkbox"/> Partially exempted				
Reason					
<p>This application is submitted to obtain approval for exemption of scholarship repayment for the reason as described above.</p> <p>Date:</p> <p>Applicant: (Seal/Signature)</p> <p>Attn: The President of the GIST</p>					

*** Please attach relevant documents as evidence to support this application.**