



Ministry of Public Service

UNIVERSITY APPRAISAL FORM



164 Waterloo Street, North Cummingsburg
Georgetown

592-226-8732 || 592-225-8430

scholarships@mps.gov.gy

Public Service

THIS FORM MUST BE FILLED AND SUBMITTED BY ALL SCHOLARSHIP AWARDEES

UPON COMPLETION OF STUDIES

1. Name: _____

2. Date of Birth: _____

dd/mm/yyyy

3. Home Address:

4. Phone Number _____

5. E-mail Address _____

6. Passport Number

Date of Issue

Date of Expiry

7. Name and Address of institution where programme was pursued



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8. Name of programme undertaken

9. Duration of the programme

10. Programme start date _____

11. Date of completion _____

12. Qualification Obtained (e.g. Diploma, Certificate, Degree)

13. Outline the primary course content of the programme



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14. State the challenges encountered during the programme

15. What advice would you give to the authorities responsible for the selection of participants who desire to pursue this programme in the future?

16. Comment on your overall University experience including accommodation, quality of teaching and research and social life.

17. Any other comments

Congratulations, it's nice to have you back



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Signature _____

Date _____

dd/mm/yyyy

Place of employment _____