**FEDERAL MINISTRY OF EDUCATION**

 2023 VERIFICATION EXERCISE OF BEA SCHOLARS

1. NAME OF THE SCHOLAR: (SURNAME FIRST)………………………………………………………......
2. STATE OF ORIGIN:…………………………………………… LGA……………………………………..
3. NAME OF INSTITUTION:……………………………………………………………………………………
4. YEAR OF AWARD:………………………………………………………………………………………….
5. EXTENSION HISTORY WITH EVIDENCE, IF ANY:………………………………………………………..
6. DURATION OF AWARD :………………………………………………………………………………….
7. COURSE OF STUDY :……………………………………………………………………………………….
8. CURRENT LEVEL:……………………………………YEAR OF GRADUATION:……………………...
9. COPY OF CURRENT COURSE REGISTRATION:………………………………………………………..
10. ANY OMISSION FROM PAYMENTS :…………………………………………………………………….
11. STATE MONTHS/ YEARS OF OUTSTANDING PAYMENT(S) WITH EVIDENCE, IF ANY: ………………………………………………………………………………………………………………..
12. SCHOLAR’S PHONE NUMBER & SIGNATURE :…………………………………………………………

**NAME OF VERIFICATION OFFICER :…………………………………………………………………**

 **SIGNATURE:……………………………………………….. DATE ……………………………………**