





UMMA UNIVERSITY STUDENTS SUPPORT PROGRAM (UU-SSP)

PARTIAL BENEFICIARY MONTHLY REPORTING TEMPLATE

Introduction

This reporting template should be properly filled by the partial beneficiaries of Umma University Students Support Program (UU-SSP) and submitted to Africa Education & Development Trust.

| PROFILE | |
|--|--|
| Beneficiary's name | |
| Degree Course pursuing | |
| Year of study/ Semester | |
| Campus e.g. Kajiado, Garissa etc. | |
| No. of units taken in the semester | |
| (attached unit registration form) | |
| Maximum No. of Units in the | |
| semester | |
| WORK STUDY PROGRAM (to be filled | ed by beneficiaries on "Partial scholarship" |
| Department/work assigned | |
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| | |
| Description of duties/work | |
| undertaken during the reporting | |
| period (maximum of 2 | |
| paragraphs) | |
| Indicate any specific skills attained | |
| Indicate any specific skills attained as a result of the work/duties | |
| assigned | |
| assigned | |
| | |
| | |
| Challenges/lessons learnt | |
| enamenges, resserve rearrie | |
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| Supervisor 1 | NAME: | | | | | |
|--|-------------|-----------|--|--|--|--|
| Supervisor 1 | CONTACT: | | | | | |
| | REMARKS: | | | | | |
| | REIVIANNS. | | | | | |
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| | SIGN: | 3 | | | | |
| | DATE: | (STAMP) | | | | |
| Supervisor 2 | NAME: | (STAINIT) | | | | |
| Supervisor 2 | CONTACT: | | | | | |
| | REMARKS: | 3 | | | | |
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| | SIGN: | | | | | |
| | DATE: | (STAMP) | | | | |
| Supervisor 3 | NAME: | (5, | | | | |
| Jupe 1930. | CONTACT: | | | | | |
| | REMARKS: | | | | | |
| | MEIVINIA. | | | | | |
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| | SIGN: | | | | | |
| | DATE: | (STAMP) | | | | |
| INVOLVEMENT IN EXTRA-CURR | | | | | | |
| Indicate any sports activities | | | | | | |
| involved in | | | | | | |
| Membership in clubs | | | | | | |
| Involvement in University | | | | | | |
| activities/ forums | | | | | | |
| | | | | | | |
| Beneficiary's name | | | | | | |
| Sign | | | | | | |
| Date | | | | | | |
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| Date Received: | | | | | | |
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| For official Use Only: | | | | | | |
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| Remarks: | | | | | | |
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| Passassible Officer's Nam | d Cirnoturo | | | | | |
| Responsible Officer's Name and Signature | | | | | | |
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