



Ara Foundation Outbound Exchange Grant Department Endorsement

Student ID:
(If applicable)

Student name:

To be completed by the programme leader for your programme of study:

- | | | |
|---|-----|----|
| • This student met the academic requirements for Ara outbound exchange programme | Yes | No |
| • I support this application | Yes | No |

Authorised name:

Position:

Signature:

Date: