

**CERTIFICATE OF  
ELIGIBILITY**



Date \_\_\_\_\_

Name of Student \_\_\_\_\_  
Family                      First                      Middle

Date of Birth \_\_\_\_\_  
Month                      Day                      Year

Country of Birth \_\_\_\_\_

Country of Nationality \_\_\_\_\_

Appearance Date \_\_\_\_\_  
Month                      Day                      Year  
AUGUST                      \_\_\_\_\_                      20

Expected Date of Graduation \_\_\_\_\_  
Month                      Day                      Year  
/                      /                      /

Field of Graduation \_\_\_\_\_

Proficiency in the English Language determined by PH HEIDELBERG

Academic Year Cost Estimated \_\_\_\_\_

Financial Assistance or Scholarship \$ \_\_\_\_\_ Sem. / \$ \_\_\_\_\_ Year

Remarks BETHANY-HEIDELBERG PARTNERSHIP PROGRAM

Student's signature \_\_\_\_\_

Date \_\_\_\_\_

Signed (Bethany repr.) \_\_\_\_\_