**NNAMDI AZIKIWE UNIVERSITY, AWKA**

**SCHOOL OF POSTGRADUATE STUDIES**

**REGISTRATION OF COURSES (INITIAL)**

|  |  |
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| **Department:** |  |
|  |  |
| **Faculty:** |  |

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| --- | --- |
| **Session:** |  |
| **Reg. No.** |  |

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| **Name:** |  | **Sex:** |
| (Surname) | (Other Names) |
| **Campus Address** *(if available)***:** |  |
|  |
| **Permanent Address:** |  |
|  |  |
| **Degree or Diploma in View:** |  |
| **Mode of Study:** | **Part Time:**

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| 1. | NAME IN FULL (SURNAME FIRST): |  |
|  2. | PHONE NUMBER AND EMAIL ADDRESS: |  |
| 3. | PERMANENT HOME ADDRESS:  |  |
|  |  |
| 4. | CORRESPONDENCE ADDRESS: |  |
|  |  |
| 5. | DATE OF BIRTH: |  |
| 6. | AGE AS AT LAST BIRTHDAY: |  |
| 7. | SPONSORSHIP: | 1. Name of Sponsor:
 |  |
|  |  | 1. Address of Sponsor:
 |  |
| 8. | QUALIFICATION: | Degree/Qualification Obtained: |
|  |  | **University** | **Degree** | **Course** | **Class of Certificate** | **Date** |
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| 9. | OTHER QUALIFICATIONS: | (State subject, year, class of degree and University/Institution) |
|  |  | **Institutions** | **Certificate Obtained** | **Course/Subject****Area of Specialization** | **Class of Certificate** | **Date** |
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| 10. | COURSE APPLIED FOR: |  |
| 11. | DEPARTMENT: |  |
| 12. | FACULTY: |  |
|  |  |  |
|  |  | Signature of Applicant | Date |

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| 11. | DEPARTMENT: |  |
| 12. | FACULTY: |  |
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|  |  | Signature of Applicant | Date |

 | **Full Time:**

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| 1. | NAME IN FULL (SURNAME FIRST): |  |
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| 7. | SPONSORSHIP: | 1. Name of Sponsor:
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|  |  | **University** | **Degree** | **Course** | **Class of Certificate** | **Date** |
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|  |  | **Institutions** | **Certificate Obtained** | **Course/Subject****Area of Specialization** | **Class of Certificate** | **Date** |
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| 11. | DEPARTMENT: |  |
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|  |  | Signature of Applicant | Date |

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| 7. | SPONSORSHIP: | 1. Name of Sponsor:
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| 8. | QUALIFICATION: | Degree/Qualification Obtained: |
|  |  | **University** | **Degree** | **Course** | **Class of Certificate** | **Date** |
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| 10. | COURSE APPLIED FOR: |  |
| 11. | DEPARTMENT: |  |
| 12. | FACULTY: |  |
|  |  |  |
|  |  | Signature of Applicant | Date |

 |
| **Expected Year of Graduation:** |  |

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| **FIRST SEMESTER** |
|  | **Dept.** | **Course Code** | **Course Title** | **Credit**  | **Remark** |
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| **SECOND SEMESTER** |
|  | **Dept.** | **Course Code** | **Course Title** | **Credit**  | **Remark** |
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|  | **Name** |  |  | **Signature** |  | **Date** |
|  |  |  |  |  |  |
|  | Candidate |  |  |  |  |
|  |  |  |  |  |  |
|  | Supervisor (1) |  |  |  |  |
|  |  |  |  |  |  |
|  | Supervisor (2) |  |  |  |  |
|  |  |  |  |  |  |
|  | Head of Department |  |  |  |  |
|  |  |  |  |  |  |
|  | Dean of Faculty |  |  |  |  |
|  |  |  |  |  |  |
|  | Secretary, SPGS |  |  |  |  |