**NNAMDI AZIKIWE UNIVERSITY, AWKA**

 **SCHOOL OF POSTGRADUATE STUDIES**

**STUDENT’S ANNUAL REPORT (COURSE WORK)**

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

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

1. **STUDENT’S DETAILS:**

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|  | **Name:** |  |
|  | (Surname) | (Other Names) |
|  | **Phone Number:** |  | Email: |
|  | **Permanent Address:** |  |
|  | **Degree or Diploma in View:** |  |
|  | **Mode of Study:** | **Full Time:**

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| 1. | NAME IN FULL (SURNAME FIRST): |  |
|  2. | PHONE NUMBER AND EMAIL ADDRESS: |  |
| 3. | PERMANENT HOME ADDRESS:  |  |
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| 4. | CORRESPONDENCE ADDRESS: |  |
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| 5. | DATE OF BIRTH: |  |
| 6. | AGE AS AT LAST BIRTHDAY: |  |
| 7. | SPONSORSHIP: | 1. Name of Sponsor:
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|  |  | 1. Address of Sponsor:
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| 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: |  |
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|  |  | Signature of Applicant | Date |

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 | **Part Time:**

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|  | **Expected Year of Graduation** |  |
| 10. | **Present Semester:** |  |  |
| 11. | **Fees for Current Session:** | Paid

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

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| **COURSES WHOSE RESULTS HAVE BEEN RELEASED:** |
|  | **Department** | **Course Code** | **Course Title** | **Credit** | **Grade** |
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| **Name** |  | **Signature** |  | **Date** |
|  |  |  |  |  |
| Student |  |  |  |  |
|  |  |  |  |  |
| Head of Department |  |  |  |  |
|  |  |  |  |  |
| Faculty PG Sub-Dean |  |  |  |  |