**NNAMDI AZIKIWE UNIVERSITY, AWKA**

**SCHOOL OF POSTGRADUATE STUDIES**

**APPLICATION FOR TEACHING OF POSTGRADUATE COURSES**

(*Where applicable*)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name:** |  |  |  |
|  | (Surname) | (Other Names) |
|  | **Phone Number:** |  | Email: |  |
|  | **Department:** |  |
|  | **Qualifications obtained with dates:** |  |
|  |  |  |
|  |  |  |
|  | **Area of specialization:** |  |
|  | **Rank:** |  |

|  |  |
| --- | --- |
|  | **Indicate at least three of your publications in journals in the last thirty six months:** |
|  |  |
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**RECOMMENDATIONS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | YES | NO | Remarks | Sign | Date |
| Head of Department |  |  |  |  |  |
| Dean of Faculty |  |  |  |  |  |
| Dean, SPGS |  |  |  |  |  |

**VICE CHANCELLOR’S APPROVAL FOR PRESENTATION TO BOARD**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Approved  |  | Not Approved |  |  Signature: |  | Date: |  |

|  |
| --- |
|  |

**FOR OFFICE USE ONLY: SPGS**

Dean:

|  |
| --- |
| Secretary: |
| Others: |
|  |