**NNAMDI AZIKIWE UNIVERSITY, AWKA**

**SCHOOL OF POSTGRADUATE STUDIES**

**REQUEST FOR STATEMENT OF RESULT AND STUDENT COPY TRANSCRIPT**

(*To be completed by student on submission of the corrected project/thesis/dissertation*)

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|  | **Name:** |  | **Sex: Male Female**

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| 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: |
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|  | (Surname) | (Other Names) |
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|  | **Degree or Diploma:** |  |
|  | **Mode of Study:** | **Full Time:**

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**FOR OFFICE USE ONLY**

**Records Unit:** Received: Date: Signature:

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**APPROVAL**

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**ISSUANCE**

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**COLLECTION BY APPLICANT**

 Original Copies collected by me.

 Name: Signature: Date: