**NNAMDI AZIKIWE UNIVERSITY, AWKA**

**SCHOOL OF POSTGRADUATE STUDIES**

**STUDENT’S FEES STATUS**

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| --- | --- |
| **Session:** |  |
| **Reg. Number** |  |

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

**STUDENT’S DETAILS:**

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| --- | --- | --- | --- | --- | --- |
|  | **Name:** |  | | | |
|  | (Surname) | | | (Other Names) | |
|  | **Phone Number:** | |  | | **Email:** |

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| --- | --- | --- | --- | --- |
| **S/N** | **ACADEMIC SESSION** | **AMOUNT DUE FOR PAYMENT** | **AMOUNT PAID** | **OUTSTANDING PAYMENT** |
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The above named student has fulfilled his/her financial obligations to the SPGS up to ……………….…. session

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|  |  |  |  |  |
| Finance Officer, SPGS |  | Signature |  | Date |