**NNAMDI AZIKIWE UNIVERSITY, AWKA**

**COLLEGE OF POSTGRADUATE STUDIES**

**RESUMPTION OF PROGRAMME**

(*To be completed by student who wishes to resume his/her admission*)

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

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| **Session:** |  |
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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: | | | | | |  | | | | | | | | | | |
|  |  | | | 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 | | | | | | |
| 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: | | | | | |  | | | | | | | | | |
|  |  | | | 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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|  | **Name:** |  | | | | | | | | | | | | |
|  | (Surname) | | | | | | | | (Other Names) | | | | | |
|  | **Phone Number:** | |  | | | | | | | **Email:** | | | | |
|  | **Permanent (Home) Address:** | | | | |  | | | | | | | | |
|  | **Degree or Diploma in View:** | | | | | | |  | | | | | | |
|  | **Mode of Study:** | | | | **Full Time:**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 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** | | |  |  | | |  | | | | | | | |  | | |  | |  | |  | | |  |  | | |  | | | | | | | |  | | |  | |  | |  | | |  |  | | |  | | | | | | | |  | | |  | |  | |  | | |  |  | | |  | | | | | | | |  | | |  | |  | |  | | |  |  | | |  | | | | | | | |  | | |  | |  | |  | | |  |  | | |  | | | | | | | | | | | | | | | | | | 9. | OTHER QUALIFICATIONS: | | | | (State subject, year, class of degree and University/Institution) | | | | | | | | | | | | | | | | |  |  | | | **Institutions** | | | | | **Certificate Obtained** | | | | **Course/Subject**  **Area of Specialization** | | | **Class of Certificate** | | **Date** | | | |  |  | | |  | | | | |  | | | |  | | |  | |  | | | |  |  | | |  | | | | |  | | | |  | | |  | |  | | | |  |  | | |  | | | | |  | | | |  | | |  | |  | | | |  |  | | |  | | | | |  | | | |  | | |  | |  | | | |  |  | | |  | | | | |  | | | |  | | |  | |  | | | | 10. | COURSE APPLIED FOR: | | | | | | |  | | | | | | | | | | | | | | 11. | DEPARTMENT: | |  | | | | | | | | | | | | | | | | | | | 12. | FACULTY: |  | | | | | | | | | | | | | | | | | | | |  |  |  | | | | | | | | | | | | | | | | | | | |  |  | Signature of Applicant | | | | | | | | | | | | Date | | | | | | | | 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** | |  |  | | |  | | | | | | | |  | | |  | |  | |  | |  |  | | |  | | | | | | | |  | | |  | |  | |  | |  |  | | |  | | | | | | | |  | | |  | |  | |  | |  |  | | |  | | | | | | | |  | | |  | |  | |  | |  |  | | |  | | | | | | | |  | | |  | |  | |  | |  |  | | |  | | | | | | | | | | | | | | | | | 9. | OTHER QUALIFICATIONS: | | | | (State subject, year, class of degree and University/Institution) | | | | | | | | | | | | | | | |  |  | | | **Institutions** | | | | | **Certificate Obtained** | | | | **Course/Subject**  **Area of Specialization** | | | **Class of Certificate** | | **Date** | | |  |  | | |  | | | | |  | | | |  | | |  | |  | | |  |  | | |  | | | | |  | | | |  | | |  | |  | | |  |  | | |  | | | | |  | | | |  | | |  | |  | | |  |  | | |  | | | | |  | | | |  | | |  | |  | | |  |  | | |  | | | | |  | | | |  | | |  | |  | | | 10. | COURSE APPLIED FOR: | | | | | | |  | | | | | | | | | | | | | 11. | DEPARTMENT: | |  | | | | | | | | | | | | | | | | | | 12. | FACULTY: |  | | | | | | | | | | | | | | | | | | |  |  |  | | | | | | | | | | | | | | | | | | |  |  | Signature of Applicant | | | | | | | | | | | | Date | | | | | | | | | | | | **Part Time: Online:** | | | |
|  | **Date of Last Registration:** | | | | | |  | | | | | | | |
|  | **Total Number of semesters completed before deferment of programme:** | | | | | | | | | | | | |  |
|  | **Date of Deferment:** | | |  | | | | | | | | | | |
|  |  | | | | | | | | | | |  |  | |
|  | Signature of Candidate | | | | | | | | | | |  | Date | |

**RECOMMENDATIONS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | YES | NO | Remarks | Sign | Date |
| Supervisor: |  |  |  |  |  |
| Head of Department |  |  |  |  |  |
| Dean of Faculty |  |  |  |  |  |

**APPROVAL**

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| Provost, CPGS |  |  |  |  |  |

**FOR OFFICE USE ONLY: SECRETARY, CPGS**