**NNAMDI AZIKIWE UNIVERSITY, AWKA**

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

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| **Session:** |  |
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| 3. | PERMANENT HOME 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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**FOR OFFICE USE ONLY**

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

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**APPROVAL**

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**ISSUANCE**

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| Records Unit | Signature: | Date: |

**COLLECTION BY APPLICANT**

 Original Copies collected by me.

 Name: Signature: Date: