**NNAMDI AZIKIWE UNIVERSITY, AWKA**

**COLLEGE OF POSTGRADUATE STUDIES**

**REACTIVATION OF PROGRAMME AFTER UNAUTHORISED WITHDRAWAL**

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|  | **Name:** |  | | | | | | | | | | | | | | **Sex: Male Female**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 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. 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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. 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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 | | | | | | | | | | | | | 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 | | | | | | | | | | | |
|  | (Surname) | | | | | | | | | (Other Names) | | | | | | |
|  | **Phone Number:** | |  | | | | | | **Email:** | | | | | | | |
|  | **Permanent 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:**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 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 | | | | | | | | | | | | | | |
|  | **Name and Address of Employer:** | | | | | |  | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | |
|  | **Date of First Registration:** | | | | |  | | | | | | | | | | |
|  | **Date of Last Registration:** | | | | |  | | | | | | | | | | |
|  | **Total Number of Semesters already completed:** | | | | | | | | | | |  | | | | |
|  | **Stage of Programme at the Point of Withdrawal:** | | | | | | | | | |  | | | | | |
|  | **Are you ready to resume and complete the programme?** | | | | | | | | | | | | |  | | |
|  | **Academic Session for Resumption of Programme:** | | | | | | | | | |  | | | | | |
|  |  | | | | | | | | | | | | |  |  | |
|  | Signature of Candidate | | | | | | | | | | | | |  | Date | |

**RECOMMENDATIONS**

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

**CLEARANCE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Finance Officer, CPGS |  |  |  |  |  |

**APPROVAL**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Provost, CPGS |  |  |  |  |  |

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