

REQUEST FORM

ALL REQUESTS WILL BE PROCESSED WITHIN 3 WORKING DAYS

PART 1: To be completed by the student

Student's Name	:		Program	:	
Matric No	:		Intake	:	
Contact No	:		Email Address	:	
REQUEST FOR :					
PURPOSE :					
OTHER REMARKS :					

Student Signature: _____

Date: _____

PART 2: To be completed by Centre For Graduate Studies (CGS)

Request Entertained by	:		Remarks	:	
Date Completed	:				