



AUDIT GRADUATION FORM

CANDIDATE DETAILS																	
NAME																	
MATRIC NO.																	
PERMANENT ADDRESS																	
POSTAL ADDRESS																	
TELEPHONE					MOBILE												
LOAN / SCHOLARSHIP																	
ACADEMIC DETAILS																	
FACULTY																	
PROGRAMME																	
MODE OF STUDY					FULL-TIME				PART-TIME								
INTAKE SESSION		/			/				FINAL SEMESTER		/			/			
HAVE YOU DEFERRED ALONG YOUR STUDY?					<input type="checkbox"/>	NO				<input type="checkbox"/>	YES						
LATEST CGPA (If Applicable)																	
DATE OF THESIS / DISSERTATION HARD BOUND SUBMISSION																	
TOTAL COURSES TAKEN (If Applicable)					TOTAL CREDIT EARNED (If Applicable)												

DECLARATION

I DECLARE THAT ALL THE INFORMATION PROVIDED IN THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

CANDIDATE 'S SIGNATURE:

DATE:

ENDORSEMENT BY HEAD OF PROGRAMME / COORDINATOR

I CERTIFY THAT THE ABOVE-NAMED STUDENT IS ENTITLED TO GRADUATE WITHOUT ANY PREJUDICES.

NOTES: _____

HEAD OF PROGRAMME'S SIGNATURE :

STAMP:

DATE:

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OFFICE USE ONLY

CENTRE FOR GRADUATE STUDIES USE ONLY

NOTES: _____

APPLICATION STATUS :

QUALIFIED TO GRADUATE

UNQUALIFIED TO GRADUATE

SIGNATURE / STAMP :

DATE:

CHECKLIST OF EXAMINATION RESULTS AND GRADEPOINT AVERAGE (ONLY FOR COURSEWORK)

BIL	SUBJECT CODE					NAME OF SUBJECT	CREDIT	MARKS	GRADE	GRADE POINT
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										

VERIFIED BY:

HEAD OF PROGRAMME SIGNATURE

DATE:

STAMP