



**UMARU MUSA YAR'ADUA UNIVERSITY,
DUTSINMA ROAD, P.M.B 2218, KATSINA
POSTGRADUATE SCHOOL**

Application No:

POSTGRADUATE APPLICATION FORM

20...../...20..... SESSION

Attach a
recent passport
photograph

BASIC APPLICATION INFORMATION

FACULTY APPLIED TO:	PROGRAMME APPLIED FOR:
DEPARTMENT APPLIED TO:	

If Applying for PhD., state: - a. Proposed Area of Research
b. Proposed Topic (attach a synopsis of not less than 500 words)

APPLICANT'S PERSONAL INFORMATION

NAME:	MARITAL STATUS:	LOCAL GOVT AREA:
GENDER:	NATIONALITY:	PLACE OF BIRTH:
DATE OF BIRTH	STATE:	HOME TOWN:

SCHOOLS/COLLEGES ATTENDED

S/NO.	SCHOOL/COLLEGE	DATE FROM	DATE TO	CERTIFICATE OBTAINED
1				
2				
3				
4				
5				

HIGHEST ACADEMIC QUALIFICATION

S/NO	HIGHEST QUALIFICATION OBTAINED	INSTITUTION OBTAINED	CLASS OF DEGREE	CGPA	DATE
1.					

CONTACT INFORMATION

PHONE NO	EMAIL ADDRESS:
CONTACT ADDRESS:	
POSTAL ADDRESS:	
SPONSOR'S NAME:	TYPE OF SPONSORSHIP
SPONSOR'S ADDRESS	

NEXT OF KIN:

TELEPHONE RELATIONSHIP:

ADDRESS:

EMPLOYMENT INFORMATION

Table with 4 columns: S/NO., EMPLOYER, POST HELD, DATE. Rows 1, 2, 3.

REFEREE INFORMATION

Table with 5 columns: S/NO, REFEREE'S NAME, RANK, ADDRESS, PHONE NUMBER. Rows 1, 2, 3.

OTHER INFORMATION

A. Have you ever been expelled or asked to withdraw from this or any other University? Yes [] No []

B. If yes: -

(i) State the University: _____

(ii) Date of leaving: _____

(iii) Reason for leaving: _____

C. Publications with dates and titles: (if any) (attach extra sheets if necessary)

D. Are you attending any educational institution or undergoing any course at present? Yes [] No []

E. If yes, state the Institution and Course

F. State research experience (if any) with dates and institution(s):

I, certify that all the information supplied above are correct.

Signature: -

Date: -

UMARU MUSA YAR'ADUA UNIVERSITY KATSINA
POSTGRADUATE SCHOOL
CONFIDENTIAL REPORT FORM

(To be completed by three (3) Referees, two (2) of whom must be your former Lecturers)

- a. Name of Candidate:.....
- b. Department:.....
- c. Programme in view:
- d. How long and in what capacity have you known the candidate:
- e. Comment on the suitability of the candidate to pursue the programme in respect of his academic qualifications, intellectual capacity etc.
.....
.....
.....
- f. Make a brief comment on the standard of the candidate's oral and written expression in English Language:
.....
.....
.....
- g. Comment on the candidates personal conduct:
- h. If the candidate has applied to your Faculty, will you consider him for admission? Yes NO
- i. General Comment:
- j. Name of Referee:.....
Position:.....
Department:.....
University:.....
Signature:..... Date:



**UMARU MUSA YAR'ADUA UNIVERSITY,
DUTSINMA ROAD, P.M.B 2218, KATSINA
POSTGRADUATE SCHOOL**

REQUEST FOR ACADEMIC TRANSCRIPT

20...../.....20..... SESSION

DATE:

APPLICATION NO.

NAME IN FULL

POSTGRADUATE COURSE APPLIED FOR:

FACULTY APPLIED TO:

DEPARTMENT APPLIED TO:

THIS FORM AND THE TRANSCRIPT SHOULD BE MAILED URGENTLY TO: -

THE SECRETARY,
POSTGRADUATE SCHOOL,
UMARU MUSA YAR'ADUA UNIVERSITY,
P.M.B., 2218,
KATSINA.
KATSINA STATE.

Applicant; please attach this form to your request for academic transcript(s)