



**UMARU MUSA YAR'ADUA UNIVERSITY,
KM10 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)

FORM A



UMARU MUSA YAR'ADUA UNIVERSITY,
KM10 DUTSINMA ROAD, P.M.B 2218, KATSINA
POSTGRADUATE SCHOOL

Application No:

Attach a recent passport photograph

POSTGRADUATE APPLICATION FORM

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

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

S/NO.	EMPLOYER	POST HELD	DATE
1			
2			
3			

REFEREE INFORMATION

S/NO	REFEREE'S NAME	RANK	ADDRESS	PHONE NUMBER
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: