CATALOG SELECTION FORM

SGS 031

DIRECTIONS

Please fill the required information accurately, legibly and submit the original copy to the office of the Graduate School.
Note: The choice of catalog impacts your degree requirements.

STUDENT INFORMATION

1. **First Name_____ Middle Name_____ Last _____**
2. **ID Number A000_____ AUN E-mail _____**@aun.edu.ng

   Mobile Numbers i. _____ ii. _____

GRADUATE PROGRAM DETAILS

Check below the program of study

Program of study ☐ **PGD** ☐ **MBA** **SUMMER MASTERS**

MSC		PHD	
MTWT	☐	BUS ADMIN	☐
MICS	☐	COMP SCI	☐
BUS ADMIN	☐	INF.SYS	☐
COMP SCI	☐		
INF.SYS	☐		

YEAR OF ADMISSION: _____

DECLARATION OF CATALOG

Old catalog (Before Spring 2021) **_____**

Current catalog _____

Student signature _____Date _____

AUTHORIZATION

Academic Advisor's signature _____

Program Chair signature _____

Dean Graduate School signature _____

FOR OFFICIAL USE ONLY

Changes Recorded at Registrar's Office Sign_____Date_____

Changes Recorded at Graduate School Sign_____Date_____

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