GRADUATION APPLICATION

SGS 043

DIRECTIONS

Please fill the required information accurately, legibly and submit the original copy to the Office of the Academic Registrar,

Note: any application submitted after deadline may not be considered.

STUDENT INFORMATION

1. **First Name**_____ **Middle Name**_____ **Surname** _____
2. **ID Number A000**_____ **AUN E-mail** _____@aun.edu.ng
3. **Home Address**

   _____

   _____

   Mobile Number_____

DIPLOMA INFORMATION

Check below the year and semester during which your degree requirements are expected to be completed

1. **Year**_____ ☐ **Spring** ☐ **Summer 1** ☐ **Fall**
2. **Degree to be received** ☐ **PGD.** ☐ **MBA** **SUMMER MASTERS** **MSC** **PHD**

MTWT ☐	**BUS ADMIN** ☐	**BUS ADMIN** ☐
MICS ☐	**COMP SCI** ☐	**COMP SCI** ☐
	INF.SYS ☐	**INF.SYS** ☐

3. **Legal Name to appear on diploma**

   Example: Hauwa Aisha Abubakar or Hauwa A. Abubakar or Hauwa Abubakar

   _____

Student signature _____**Date** _____

FOR OFFICIAL USE ONLY

Office of the Registrar Sign _____**Date**_____

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