

## UNIVERSITY OF ABUJA

## ACADEMIC PLANNING UNIT

Form 01

SN ..... COLLEGE/FACULTY

**SCREENING CERTIFICATE**

(To be completed at the College/Faculty/Department)

This is to certify that.....

Who has been admitted to read.....in the

.....has been screened.

1. He/She is qualified for the Course into which admitted and is therefore issued with this

Matriculation number ..... Accordingly, he/she is recommended to

Academic Planning Unit for approval.

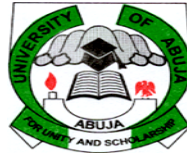
2. He/She is not qualified due to the following deficiency .....

..... Accordingly, he/she is recommended to the

Academic Planning Unit for Change of Admission (if there is vacancy) into: .....

.....

\_\_\_\_\_  
Name of College/Faculty Screening\_\_\_\_\_  
Officer Stamp & Signature\_\_\_\_\_  
Date*Office of the Director, Academic Planning*



UNIVERSITY OF ABUJA  
ACADEMIC PLANNING UNIT

Form 02

This is to certify that .....has been screened and cleared.

He/She has been admitted to read .....in the .....please, issue  
him/her Original Offer of Provisional Admission Letter accordingly.

For Office use:

Approved / Not approved

Prof. Y. Damagun

DIRECTOR, ACADEMIC PLANNING

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Officer Stamp & Signature

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Date