



NNAMDI AZIKIWE UNIVERSITY, AWKA
COLLEGE OF POSTGRADUATE STUDIES

APPLICATION NO:

1. NAME:
2. STATE ANY CHANGE OF NAME/MAIDEN NAME: _____
3. PROPOSED COURSE OF STUDY:
4. DEPARTMENT: _____

Note to the Academic Records Office of candidate's University/Institution: Kindly **ATTACH** this Slip to the Candidate's Transcript Which are forwarding to us by email to secdr_transcript.cpgs@unizik.edu.ng or mail urgently:

The Secretary,
College of Postgraduate Studies
Nnamdi Azikiwe University
PMB 5025, Awka.

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Please enclose one copy each of the following:

1. Arrange for your transcript and address it to:
The Secretary,
College of Postgraduate Studies
Nnamdi Azikiwe University,
PMB 5025,
Awka.