



BABCOCK UNIVERSITY ILISHAN REMO OGUN STATE

UNDERGRADUATE PRE-GRADUATION APPLICATION AND AGREEMENT FORM.

(To be completed a year before expected Graduation)

YEAR _____

Date of Application _____

NAME _____
Surname

_____ First Name

_____ Middle Name

Matric Number: _____

COURSE/PROGRAM _____

DEPARTMENT _____

SCHOOL _____

Summer Semester

COURSE CODE	COURSE TITLE	UNITS

1st Semester

COURSE CODE	COURSE TITLE	UNITS

2nd Semester

COURSE CODE	COURSE TITLE	UNITS

Summer Semester

COURSE CODE	COURSE TITLE	UNITS

I hereby declare that the information provided in this form is accurate and true, and i hereby petition to graduate in the Year 20__. My bulletin year is 20__/20__. I know that the responsibility for meeting the degree requirements rests with me. I will have no changes in this program without the approval of my advisor, Head of department, School Dean and the University Registrar's office.

Student's Signature _____

I have checked the course against the student's check sheet.

If these courses are completed successfully, this will meet all the requirements for this degree.

1. Course Advisor

Name _____

Signature _____

Date _____

2. Head of Department

Name _____

Signature _____

Date _____

I approve this arrangement of the student to cover the courses as recorded.

1. School Dean

Name & Signature _____

Date _____

2. Registrar

Name & Signature _____

Date _____

NOTE: COMPLETE THIS FORM IN TRIPLICATE. (STUDENT, SCHOOL OFFICER & COURSE ADVISOR) Submit the form before the commencement of 1st Semester Examination.

