



**SCHOOL OF POSTGRADUATE STUDIES
AHMADU BELLO UNIVERSITY, ZARIA**

Application Number

FORM D

TRANSCRIPT REQUEST FORM

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The under-mentioned candidate has applied for admission into the Postgraduate programme of this University; we request you to please forward the Transcript of his/her academic records by courier not later than **Two Weeks** to:

*The Secretary,
School of Postgraduate Studies,
Ahmadu Bello University, Zaria,
Kaduna State, Nigeria.*

NAME OF CANDIDATE:

COURSE APPLIED FOR:

FACULTY: DEPARTMENT:

YEAR OF GRADUATION AT FORMER INSTITUTION:

COURSE READ:

DEGREE/DIPLOMA AWARDED:

CANDIDATE'S SIGNATURE: DATE: