



LADOKE AKINTOLA
UNIVERSITY OF TECHNOLOGY,
OGBOMOSO

THE POSTGRADUATE SCHOOL
INTENTION TO GRADUATE FORM

Form
PG 22

This form must be completed by all graduating students

Name of Student: _____
(Surname in Caps) (Other Names)

AS YOU WANT IT TO APPEAR ON YOUR CERTIFICATE

Year of Admission _____ Mode of Study: _____

Date of Birth _____ Sex _____ Centre _____

Matric Number _____ Tel. No _____

E-mail Address: _____

Contact Address _____

Home Address _____

Department _____ Faculty _____

Course of Study _____ Area of Specialization _____

Year of Entry _____ Year of Graduation _____

Degree/Diploma to be awarded _____

(e.g. M.Tech (Organic Chemistry): Ph.D (Applied Maths) PGD (Managerial Accounting) etc)

Student's Signature and Date

THIS COLUMN IS FOR THE USE OF THE POSTGRADUATE SCHOOL

Date of Approval of Result by the Board.....

Date of Approval of Result by Senate.....

Records Checked by

.....
Signature and Date

Application Approved/Not Approved.....

.....
Dean's Signature and Date