



UNIVERSITY OF IBADAN, IBADAN, NIGERIA
POSTGRADUATE COLLEGE



SUSPENSION OF POSTGRADUATE REGISTRATION

(To be completed in quintuplicate)

Session ----- Matric No. -----

1. Name (in full) -----

(Surname first)

2. Address during Session -----

3. Name and Address of Sponsor-----

4. Name and Address of Employer (If different from 3 above) -----

Faculty/ Department -----

5. Degree in View -----

Part-time

Full-time

6. Date of first Registration -----

7. Total number of Semesters already completed: -----

8. Why do you wish to suspend your registration? (Give Reasons): -----

9. For how long do you wish to suspend your Higher Degree Programme? -----

10. When do you hope to resume your studies? -----

11. _____
Candidate's Signature

_____ Date

12. Comments of the Head of Department -----

Signature -----

Date -----

Secretary, Postgraduate College

Date

Comments of The Provost, Postgraduate College

Date