

APPLICATION FORM FOR RESEARCH ACTIVITY

Personal Detail

Full Name :

Identity Card No./
Passport No. :

Matric No. :

Contact No. :

Email address :

Correspondence Address:

District/ City :

State :

Nationality :

Main Supervisor :

Co-supervisor :

Programme of Study

PhD

MSc

MSc/PhD

Other

Name of Programme:
.....

Programme Mode

Full Time

Part Time

Other

School/ Institute/Faculty :

Registration Date :

Year of Study

1

2

3

4

Other

Funding Agency/ Sponsor

Required Facility / Laboratory and Equipments

SCHOOL'S VERIFICATION

Main Supervisor

Recommended

Not recommended

.....
Signature and official stamp

.....
Date

Dean's Approval

Approved

Not Approved

.....
Signature and official stamp

.....
Date