UNIVERSITY OF NIGERIA, NSUKKA College of Postgraduate Studies

SCHOOL FEES WAIVER FORM FOR STAFF

A. TO BE COMPLETED BY THE	STUDENT			
Name: Surname	First		Last	
Reg.No/Application Form No:	S	taff ID No:		
Department:	Faculty:			
Programme: Diploma (Sandwich)	Masters	Ph.D		
Phone No:	Sign:	I	Date:	
B. TO BE COMPLETED BY THE	H.O.D			
I hereby certify that the above name Department/Unit				
Name:				
Sign:	Date:			
Attachments:				
 Pay Slip (IPPIS) Approval letter to run programme from the statement of the statem	rom Personnel (Exce	ept Graduate A	Assistant)	

NB: Originals of the attachments will be cited.

6. Letter of Confirmation of Appointment (Except Graduate Assistant)

4. Admission Letter (Part-Time)5. Letter of Assumption of Duty