ADEYEMI COLLEGE OF EDUCATION, ONDO STUDENT ACADEMIC APPLICATION FORM

SCHOOL: DEPARTMENT:

Name of Student:

atric. Number:			Regular/Part Time	Programme	Cours	e of Study	Level
		NCE or Degree					
Type of Application (Tick as Applicable)	Tick	From Sessio	(Semester & on)	To Resume (Semester & Session)		Date of Application	
Deferment of Admission							
Suspension of Studies/LOA			1.				
Reinstatement of Studentship		and the second					
Extension of Studentship							
Deregistration of Course(s)							
Addition of Course(s)							
Others(State clearly)					1		

Reason for the Application:

Tick as Applicable, Give brief Explanation and Attach Appropriate Evidence e.g. Medical Report

Reason	Tick	Date of Occurrence	Brief Explanation (Additional Sheet may be used)
Financial Incapability		See.	
Health Issues			
Others (State clearly)		1	

GSM NO(S):

Student's Signature & Date: Recommendation A: (Last C.G.P.A. & Appropriate Evidence should be attached)						
Departmental Recommendation	Tick	Last C.G.P.A. C Last CGPA/ Semester	Date of Recommendation	Head of Dept. Signature & Date	Board Secretary's Signature & Date	
Recommended for Approval Stepped Down						
Recommended on what grounds? (To be stated by the HOD: e.g. Compassionate, Health etc.)			964			

Recommendation B: (Last CGPA & Appropriate Evidence should be attached)

Recommendation D.		Bust Curn win	ppropriate Bridenet	Should be accuelled	•1
School's Recommendation	Tick	Last CGPA/ semester	Date of Recommendation	Dean of School Signature & Date	Board Secretary's Signature & Date
Recommended for Approval	DU	C	- CI	VICE	
Stepped Down	_	4710	55	-5	
Beyond the School	-	- 'OA	LEON		
Basis for the					
Recommendation (to be					
stated by the Dean: e.g.					
Compassionate, Health etc.)					

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Recommendation C:							
Committee Directors	of	Deans	\$	Approved/Not Approved. If not approved state reason(s):			

Chairman, Committee of Deans:

Signature & Date