BABCOCK UNIVERSITY

OFFICE OF THE REGISTRAR



GRADUATION REQUEST/NYSC MOBILIZATION FORM

To be filled by Graduating Seniors who have successfully completed at least 96 Semester Credits (Date of Completion: First Semester/June/ Summer) (NOTE: SUPPLY NAME IN CAPITAL LETTERS)



NAME:surname		FIRST NAME		MIDDLE NAME	
MATRIC No:	DEPARTMENT:		COURSE:		
SEX: Male: Female:	GSM No:	E-MAIL: .			
PARENT/GAURDIAN GSM	No.:	JAMB REGIST	TRATION No.:		
MARITAL STATUS: SING	JLE: MARRIED:	DIVORCED:	SEPARATED:	WIDOW:	
NATIONALITY:	STATE C	OF ORIGIN:	LGA:		
DATE OF BIRTH: (e.g. dd/mm/	(yyy) DA	ATE OF GRADUAGT	ION: (e.g. December 2015)	
STATUS OF REQUEST: F	FRESH MOBILIZATION:	REVALIDATIO	N: REMOE	BILIZATION:	
CURRENT SEMESTER LIST OF OU	UTSTANDING COURSES:				
COURSE CODE	cor	URSE TITLE		CREDIT	
l					
3					
ı					
5					
5					
7					
I hereby request to be registered affirming the authenticity of reaccept full responsibility attendance which remains the property of admission, graduation, and opeculture of my Alma Mata while	my admission credentials, and ding the state of " <i>Babcock G</i> the University and that it coulen negation of University pl	nd that I have truthful EREAT" Alumnus and uld be withdrawn for c	ly supplied my correct the bona fide custody c ause related to dishone	information as require of the certificate to be iss sty in matters relating to	
**Any lateness to or unauthoriz limited to a minimum of N20,000					
Student's Signature & Date			Dean's Signature & Date		
Registrar's Signature & Date			Date of Submission		

NOTE 1: Copies of the following documents should accompany this form for verification:

1. Birth Certificate 2. B.U. Admission Letter 3. JAMB Admission Letter 4. Original High School Certificate (NOT STATEMENT OF RESULT)