



**UNIVERSITY OF AGRICULTURE, ABEOKUTA
EXAMINATIONS AND RECORDS UNIT**

APPLICATION FORM FOR STATEMENT OF RESULTS

To: Head of Unit (Examinations and Records)

Date:

Full Name:

(Surname first)

Sex:

Matric. No.: **Dept.:**

Diploma/SLT/Degree: (Please indicate)

Level (Please tick): 100 () 200 () 300 () 400 () 500 () 600 ()

Candidate's Contact Address:

E-mail address:

Telephone Number..... **Signature & Date:**.....

Note: Attach the receipt of payment along with this form, please.