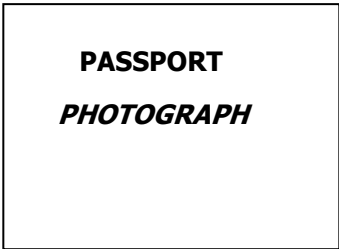




UNIVERSITY OF AGRICULTURE, ABEOKUTA
EXAMINATIONS AND RECORDS UNIT
COLLECTION OF CERTIFICATE FORM



I

(Surname First)

Matriculation/Registration Number.....of the Department of

..... hereby confirm that I have collected my Degree/Diploma Certificate

..... on the day of

(State Type of Certificate)

Level of Class Certificate Serial No.

(For Degree programme only)

.....

Signature of Alumnus

.....

Head of Unit (Examinations and Records)

Contact Address:

Telephone No. E-mail:..... Date: