

**UMARU MUSA YAR'ADUA UNIVERSITY KATSINA**  
**POSTGRADUATE SCHOOL**  
**CONFIDENTIAL REPORT FORM**

*(To be completed by three (3) Referees, two (2) of whom must be your former Lecturers)*

a. Name of Candidate:.....

b. Department:.....

c. Programme in view: .....

d. How long and in what capacity have you known the candidate: .....

.....

e. Comment on the suitability of the candidate to pursue the programme in respect of his academic qualifications, intellectual capacity etc.

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f. Make a brief comment on the standard of the candidate's oral and written expression in English Language:

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.....

g. Comment on the candidates personal conduct: .....

.....

h. If the candidate has applied to your Faculty, will you consider him for admission? Yes  NO

i. General Comment: .....

.....

.....

j. Name of Referee: .....

Position: .....

Department: .....

University: .....

Signature: ..... Date: .....



**UMARU MUSA YAR'ADUA UNIVERSITY,  
KM10 DUTSINMA ROAD, P.M.B 2218, KATSINA  
POSTGRADUATE SCHOOL**

**REQUEST FOR ACADEMIC TRANSCRIPT**

20...../.....20..... SESSION

DATE: .....

**APPLICATION NO.**

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**NAME IN FULL**

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**POSTGRADUATE COURSE APPLIED FOR:**

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**FACULTY APPLIED TO:**

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**DEPARTMENT APPLIED TO:**

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THIS FORM AND THE TRANSCRIPT SHOULD BE MAILED URGENTLY TO: -

THE SECRETARY,  
POSTGRADUATE SCHOOL,  
UMARU MUSA YAR'ADUA UNIVERSITY,  
P.M.B., 2218,  
KATSINA.  
KATSINA STATE.

Applicant; please attach this form to your request for academic transcript(s)