

THOMAS ADEWUMI UNIVERSITY, OKO, KWARA STATE

FORM: TAU ACADEMIC OFFICE 001



**THOMAS ADEWUMI
UNIVERSITY,
OKO, KWARA STATE**
Science | Technology | Medicine



APPLICATION FOR SUSPENSION OF STUDIES

NAME OF STUDENT:

DEPARTMENT:

MATRICULATION NUMBER:

LEVEL: SESSION:

SEMESTER:

PHONE NUMBER:

E-MAIL ADDRESS:

NAME, ADDRESS AND PHONE NUMBER OF PARENT/GUARDIAN:

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PERIOD FOR WHICH SUSPENSION IS SOUGHT:

REASON(S) FOR SUSPENSION OF STUDY:

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SIGNATURE: DATE:

RECOMMENDATION BY THE FACULTY BOARD:

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RECOMMENDATION BY SENATE: