BABCOCK UNIVERSITY

OFFICE OF THE REGISTRAR



NYSC MOBILIZATION FORM

To be filled by Graduating Seniors.

(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: G	SM No: E-MAI	L:
PARENT/GAURDIAN GSM No.:	JAMB REG	ISTRATION No.:
MARITAL STATUS: SINGLE:	MARRIED: DIVORCED:	SEPARATED: WIDOW:
NATIONALITY:	STATE OF ORIGIN:	LGA:
DATE OF BIRTH: (e.g. dd/mm/yyy) .	DATE OF GRADUA	GTION: (e.g. December 2015)
STATUS OF REQUEST: FRESH	MOBILIZATION: REVALIDA	TION: REMOBILIZATION:
admission credentials, and that	at I have truthfully supplied my con ate of " <i>Babcock GREAT</i> " Alumnu	gram, re-affirming the authenticity of my rect information as required. I accept ful s and I promise to uphold the integrity and
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 (WAEC/NECO) (NOT STATEMENT OF RESULT) 5. Print-out of Name on matriculation list page. 6. Marriage certificate and change of name publication for married students.