



## APPLICATION FOR DATA COLLECTION

	Assignment		Project Paper/Thesis/ Dissertation
<b>Title:</b>			

PROGRAMME:	
COURSE :	COURSE CODE :
LECTURER'S NAME:	
LETTER TO WHOM:	
<input type="checkbox"/>	TO WHOM IT MAY CONCERN
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
*maximum 3 letters will be issued	

### NAME OF STUDENTS:

NO.	MATRIC NO.	MODE OF STUDY	NAME	PHONE NO.

Applicant's Signature : \_\_\_\_\_ Date : \_\_\_\_\_

### FOR OFFICE USE

Approved :

Rejected :

Signature & Stamp: \_\_\_\_\_ Name : \_\_\_\_\_