

BENUE STATE UNIVERSITY MAKURDI

(Office of the Registrar)



EXIT FORM

Part 'A' – (To be completed by the staff)

Name: P. No.....

Rank: CONUASS/CONTISS.....

Department:

Faculty:

Type of Appointment:

Justification for application/duration (Please, attach evidence, of any):

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Officer to be superintended in your absence:

Signature/Date:

Department:

Part 'B' – (Official)

Comments by Head of Department/Unit:

Comments by Dean/Director:

Vice Chancellor's Remarks:

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Signature/Stamp/Date:

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Action by the Registrar:

Signature/Stamp/Date: