



SCHOOL OF POSTGRADUATE STUDIES

STUDENTS' RESUMPTION REGISTRATION FORMS (FRESHMEN)

SECTION A

Full Name	Surname				Other Names	
College			Department			
			Programme			
Form Number			Previous Qualification/Class /Year			
Degree In View	PGD []	M.Sc []	M.Eng []	MBA []	Ph.D []	
Session of First Registration			Month & Year of First Registration			
School Fees Payment (Attach Evidence)	100% []	80% []	50% []	Acceptance []	Others:	
Date of Birth			State of Origin			Local Govt.
Home Town			Religion			Nationality
Phone Number			E-mail			
Accommodation : Indicate YES or NO	Within Campus				Off Campus	
Extra Curricular Activities						
Signature					Date	

SECTION B (SPONSOR/GUARDIAN)

Sponsor's Name			Sponsor's Phone Number	
Contact Address				
Profession				

SPS SECRETARY REMARK

		Sign and Date

SPS DEAN'S OFFICE

		Sign and Date

INTEGRITY CREED (ALLEGIANCE FORMS TO COMPLETE)
SPONSOR/GUARANTOR INDEMNITY FORM

I/We,-----of

Address-----

Telephone No. ----- Email-----

Sponsor/Guarantor to (*Student's Names*)

(PGD/Master/PhD/). student of the Department of-----

Hereby undertake in indemnity, the University of all/any liabilities that may be occasioned on the University by my child/ward/ kin, whose name appears above; in violation of the University Code of Conduct as laid down in the Current Landmark University Postgraduate Student Handbook. And in consequence thereof, any disciplinary measure meted out to my/our child/ward/kin as a result of violating the provision of the Current Postgraduate Student Handbook shall be accepted by me/us.

I/We also undertake to discharge any financial obligation in respect of my/our child/ward/kin to the University as may be requested of me/us.

Signature----- Date-----

In the presence of:

1. Name: -----
Address: -----
Occupation: ----- Relationship: -----
Telephone No.: ----- Email-----
Signature: ----- Date-----

2. Name: -----
Address: -----
Occupation: ----- Relationship: -----
Telephone No.: ----- Email: -----
Signature: ----- Date-----

CULT RENUNCIATION / DENUNCIATION FORM

A. INFORMATION:

Name (Surname First):-----

Sex: ----- Age: ----- Date of Birth: -----

Do you belong to any cult group? Yes No

If Yes, for how long have you been a member? ----- Indicate Date: -----

Who influenced your joining the group? -----

What influenced your joining the group? -----

Can you recount any havoc you have caused? If yes, state clearly: -----

(You may wish to attach another sheet if the available space will not be sufficient)

Are you sincerely willing and ready to renounce / denounce your membership of the group?

Yes No

If No, please report to the Office of the Dean, School of Postgraduate Studies with this form.

If Yes, please proceed to (B), below:

B. OATH OF RENUNCIATION / DENUNCIATION

I, -----
do solemnly affirm that I hereby renounce my membership of / denounce being a member of
----- cult group. I also swear to faithfully abide by the Rules and
Regulations of this Institution; and will to the best of my ability, preserve, protect and
defend the Constitutions and the Laws of Landmark University. So help me God. Amen.

Name, Signature & Date: -----

FOR OFFICIAL USE

I, (Name and Office) -----

attest that this was sworn to and subscribed before me by (*Student's Names*)

- (PGD/Master/PhD) ----- student of the Department of

today, -----, 20-----

Signature: -----

RESIDENCY AGREEMENT FORM (If Applicable)

Name of Student:-----

Matriculation/Registration Number:-----

(PGD/ Master/PhD/)... student of the Department of

Preamble: This document when signed by you and accepted by School of Postgraduate Studies, Landmark University (the “University”) upon its making a room allocation shall constitute the agreement between you and the University pertaining to your Residency in the University’s Halls of Residence for the period of your studentship in the University.

The University agrees to provide you with the use of the room allocated to you at the terms and conditions outlined in Chapter 4 on Policy on Residency in the University’s *Postgraduate* Student Handbook, and as may be amended by the University authority from time to time.

In addition to, and notwithstanding anything contrary contained in the Policy on Residency, you agree that the following provisions shall apply to your Residency in the University’s Halls of Residence.

Damage to the University Facilities: In the event of any damage done to University facility within the Room, Floor, Wing, and Hall you are allocated, the University reserves the right to surcharge you fully, severally or jointly for such damages resulting from your collective or individual carelessness, negligence or wilful misconduct.

Loss of personal property / University Facilities: In the event of any loss of any duly registered valuable item or University Facility within the Room, Wing and Hall you are allocated to, the University reserves the right to surcharge you fully, severally or jointly for such loss resulting from your collective or individual carelessness, negligence or wilful theft.

Keeping of Valuables: Large deposits are to be deposited in the Banks. All other valuables such as Laptops, Desktops, approved Electronic gadgets, Jewelleries and Trinkets, etc shall be securely kept by the owner. In the event of loss of any such items, the University shall not be responsible for indemnifying such students.

Permit to be in Residence: The permit to be in the Hall of Residence is not transferable.

- You are not to harbour another student of the University or any visitor in the Hall nor sublet all or any part of the Residence allocated to you. Your right to occupy a Room/Floor/Wing/Hall is not transferable or sellable.
- You are not to transfer from one Room, Floor, Wing or Hall to another without due authorization from the Dean, Student Affairs through the Secretary and Dean, School of Postgraduate Studies
- However, you can be transferred from one Room, Floor, Wing or Hall to another, and /or change your bed space at any time within the Session after due authorization by the Dean, Student Affairs through the Secretary and Dean School of Postgraduate Studies.
- In the event of being transferred to another Room, Floor, Wing or Hall different from that originally allocated to you, the terms and conditions of this agreement shall remain in full effect without necessitating the execution of a new agreement.

When and if any of the above is violated without engaging the due process, it becomes a serious offence, punishable with loss of Hall Accommodation privilege without refund of Residency fee paid for both students involved in the deal.

Responsibility Clause: It is mandatory as a responsible postgraduate student of the University to:

- i. Report any event of damage to property occasioned by regular use by postgraduate students, at any time.
- ii. Report any case of malicious damage of University property by either student or staff so involved , failing which:
 - a. *I shall pay to the University, severally or jointly, the cost of any repair or replacement to such property so damaged to my knowledge and for which I did not report.*
 - b. *I agree to face maximum disciplinary penalty for any such complicity.*
- iii. Watch over property directly in my care or within my surrounding and ensure the responsible use of such property.

Termination of Residency by the University: The University may terminate this agreement and your right to Residency in the Halls of Residence in the event of any material or persistent disregard by you to any of the Rules and Regulations set forth in the Policy on Residency.

Modification to Policy on Residency: The University reserves the right to revise and amend the Rules and Regulations set forth in the Postgraduate Student Handbook at any time during the period for which this agreement is executed.

Attestation:

I, _____,
hereby certify that I have read and understood the Policy on Residency as contained in the Current Postgraduate Student Handbook and I accept and agree to abide by the Terms and Conditions so set forth . I agree that any act of indiscipline incidental to me and for which I am found guilty be duly publicized within the University and on her website.

Signature of Student: _____ Date: _____

Witness (Sponsor/Guarantor):

Name: _____

Signature of (Sponsor/Guarantor):_____

Name of Hall Officer: _____

Signature & Date-----

TATTOO / PIERCINGS REGISTRATION

FORM A. INFORMATION:

Name (Surname First):-----

(PGD/ Master/PhD)-----

Department-----

Hall / Room No.:-----

- i. Do you have any tattoo and / or piercings (aside the single ear piercing allowed for female students only)? Yes No
- ii. If Yes, for how long have you had it? Indicate Date
- iii. What influenced the action? -----
- iv. Does it have any cultic or occultic connotation/s? Yes No
- v. If yes, kindly give details -----

(You may wish to attach another sheet if the available space will not be sufficient)

- vi. On what parts of your body do you have the tattoo/s and / or piercing/s?

B. Attestation:

I, -----

do attest this -----day of -----20-----, that the information given above is true, and that I had the tattoo/s and /or piercing/s done before the commencement of my postgraduate studentship in Landmark University. I also solemnly declare not to make any other tattoo/piercing during the period of my studentship in Landmark University, and after. I will to the best of my ability, preserve, protect and defend the Constitutions and the Laws of Landmark University. So help me God. Amen.

Name, Signature & Date: -----

FOR OFFICIAL USE

I, Officer's Name: -----

attest that this was sworn to and subscribed before me by (*Student's Names*)

Department of _____
College of _____

Today, -----, 20----- Signature: _____

POSSESSION & USE OF ILLICIT/HARD DRUG PROHIBITION UNDERTAKING FORM

INSTRUCTION: PLEASE PRINT IN BLOCK LETTERS

PERSONAL INFORMATION:

1. Name: -----, -----, -----
Surname First Name Others
2. Date of Birth ----- Age----- Gender -----
- (a) Place of Birth -----
- (b) Home Town -----
- (c) State of Origin-----
- (d) Nationality -----
- (e) Full Residential Address -----

ACADEMIC INFORMATION

1. PGD/ Master/PhD-----
2. Matric. No.:-----
3. Year of Admission: -----
4. Expected Year of Graduation-----

OATH OF UNDERTAKING/ RENUNCIATION

I, ----- do solemnly affirm that I hereby undertake to renounce my involvement in the possession and/or use of hard and illicit drugs/substance. I do swear to faithfully abide by the Core Values, Rules and Regulations of this Institution; and will throughout my stay in Landmark University and beyond. I also agree that the University Management has the right to take me for periodic medical examination as explicitly stated in the Current Postgraduate Student Handbook, and if at any time I test positive for use of hard/illicit substance or I am found in possession of any hard/illicit Drug; the University reserves the right to terminate my studentship.

Signature ----- Date -----

In the Presence of: (*Sponsor/Guarantor*)

Signature ----- Date -----

**POSSESSION/ OR USE OF HARD/ILLICIT DRUGS
SPONSOR/GUARANTOR UNDERTAKING FORM**

I/We, -----
of (Address) -----
Telephone Number -----
Email-----

Sponsor/Guarantor of (Student's Names) -----
, a (PGD/ Master/PhD)----- student of the Department of -----,
College of -----
Year of Admission -----
Current Academic Session: -----

Hereby undertake that the University Authority has the right to take my/our child/ward for periodic medical examination as explicitly stated in the Current Postgraduate Student Handbook; and if at any time he/she is found to have tested positive for use of hard/illicit substance; any disciplinary measure meted out to my/our child as a result of violating the provision of the Current Postgraduate Student Handbook shall be accepted by me/us.

In the same vain I/We hereby accept that my/our ward/child be penalised according to the dictates of the Current Postgraduate Student Handbook whenever found liable.

(1) Name: -----
Address: -----
Occupation: ----- Relationship: -----
Telephone No: ----- Email: -----
Signature: ----- Date: -----

(2) Name: -----
Address: -----
Occupation: ----- Relationship: -----
Telephone No: ----- Email: -----
Signature: ----- Date: -----

In the Presence of (Witness):

Name: -----
Address: -----
Occupation: ----- Relationship: -----
Telephone No: ----- Email: -----
Signature ----- Date -----