



FEDERAL UNIVERSITY DUTSINMA, KATSINA
OFFICE OF THE VICE CHANCELLOR
DIRECTORATE OF INDIGENT STUDENTS SUPPORT SERVICES
APPLICATION FORM FOR INDIGENT STUDENTS SUPPORT SERVICES

Instructions: This form is to be completed in capital letters.

SECTION A: To be filled by applicant

Name of Student:		Sex:	
Matric No.:		Programme of Study	
Level:		Session:	
Department		Faculty	
Previous CGPA (For Continuing Students Only)		Current CGPA (For Continuing Students Only)	
Student's Phone No.:		Home Town	
Date of Birth:		Place of Birth	
State of Origin		Local Government of Origin	
Name of parent/guardian:			
Address of parent/guardian:			
Phone Number (s) of parent/guardian:		Occupation of parent/guardian:	
Annual Income (in NGN) of parent/guardian:			
Declaration by Student	I,of the Department ofin the Faculty ofdeclare that all information provided by me in this form are correct. I further declare that I neither take illicit drugs nor engage in gambling and other social vices. I agree to be held liable if any of the information provided by me is found to be false.		
Signature of Student		Date	

SECTION B: To be filled by students Head of Department and countersigned by students Dean

Attestation by Student's Head of Department	I,,Head, Department of,Faculty ofdeclare that the applicant is a student in my Department and that information provided about his/her academic standing is correct.
Name of Head of Department:	
Signature of Head of Department:	
Date & Stamp of Head of Department:	
Name of Dean of Faculty:	
Signature of Dean of Faculty:	
Date & Stamp of Dean of Faculty:	

SECTION C: To be filled by applicants Village/District Head

Attestation by Village/District Head of student:	I,, Village /District Head of,inLocal Government Area ofState declare that the applicant is an indigene of my area and that information provided about his/her parental socio – economic standing is correct.
Name of Village/District Head of student:	
Address of Village/District Head of student:	
Signature of Village/District Head of student:	
Date & Stamp of Village/District Head of student:	

SECTION C: To be filled by Commissioner of oath

Signature by Commissioner for OATH:	
Date and Stamp of Commissioner for OATH:	

SECTION D: To be filled by Director, Directorate of Indigent Students Support Services

Directorate Recommendations:	
Name of Director:	
Signature of Director:	
Date and Stamp of Director	