



# 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 : \_\_\_\_\_