

UNIVERSITY OF NIGERIA, NSUKKA

OFFICE OF THE REGISTRAR

CONSENT FORM 1

 DATE:

TO: THE REGISTRAR

UNIVERSITY OF NIGERIA, NSUKKA

**ACCEPTANCE OF OFFER OF ADMISSION INTO THE FACULTY OF PHARMACEUTICAL SCIENCES, UNIVERSITY OF NIGERIA, NSUKKA FOR A SIX-YEAR PROFESSIONAL DOCTOR OF PHARMACY (PHARM. D) DEGREE PROGRAMME**

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby accept the offer of Admission into the six-year academic programme leading to the award of professional Doctor of Pharmacy (Pharm. D) degree in the Faculty of Pharmaceutical Sciences, University of Nigeria, Nsukka as against the degree of Bachelor of Pharmacy advertised on the Joint Admission and Matriculation Board (JAMB) Website.

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby give my consent to the provisional admission offered to me to pursue a six-year professional Doctor of Pharmacy (Pharm. D) degree under the conditions stipulated in the Regulations Governing the Award of the degree of Doctor of Pharmacy (Pharm. D) at the University of Nigeria, Nsukka.

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, with JAMB Registration Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ further request the University to exercise the right of suspension or withdrawal from the University if I should contest the six-year academic programme leading to the award of the Doctor of Pharmacy (Pharm. D) degree.

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Name Signature Date