



AHMADU BELLO UNIVERSITY ZARIA

Passport
Photograph

STUDENT UNDERTAKING FORM

(A) PERSONAL DATA

1. Student Registration Number:
2. Names in full:
3. Date of Birth:
4. Sex: Male: Female
5. State of Origin: LGA:
6. Department: Faculty: Level:
7. Contact Address:
.....
8. Next-of-Kin/Contact Address:
.....

(B) UNDERTAKING

That, I of the above name and data hereby declare that all the information given above are to the best of my knowledge correct and that I shall abide by all the rules and regulations on Residency, Decent Dressing, Maintenance of Peace, Examinations, Wilful Destruction of University property, etc, governing my stay in the University. That at any time the University is reasonably dissatisfied with the information given or find me wanting for breach of peace or any of the rules and regulations, I shall be required to withdraw from the University and shall be liable for prosecution in case of violation of the laws of the country.

Signature of Student

Date

Signature & Stamp of H.O.D.

Date