



DEPARTMENT OF CHEMISTRY

AHMADU BELLO UNIVERSITY
ZARIA

RESULTS VERIFICATION FORM

Name:		Reg. No:	
Level:		Session:	
Course Code(s):		Course Title(s):	
(i) CHEM			
(ii) CHEM			
(iii) CHEM			
Student signature:		Date:	

OFFICIAL SIGNATURES FOR APPROVAL	
Departmental Secretary:	Date:
Exam Officer:	Date:
Head of Department:	Date:

NOTE: Students are informed that **NO** application will be approved **WITHOUT** payment of processing fee per course.