

FEDERAL UNIVERSITY OF AGRICULTURE, ABEOKUTA

STUDENT AFFAIRS DIVISION

Passport of Staff

STUDENT WELFARE AND MANAGEMENT COMMITTEE (SWEHOMAC)

Form:	
Hostel Accommodation	n Request Form for Staff
Name of Staff:	
Designation:	
Department:	
College:	
SP/JP Number:	Phone:
Email:	
Biological Child/Relative's Particulars	
Name:	
Sex: Male Female	Relationship: Biological Relative
Department:	
College:	
Matric./JAMB Number:	Level:
	N /0' / CHOP a G
Signature of Staff & Date	Name/Signature of HOD & Stamp

Prof. F. I. Adeosun Chairman, SWEHOMAC