



**POST GRADUATE SCHOOL
RIVERS STATE UNIVERSITY**

*Nkplou-Oroworukwo, Port Harcourt, Nigeria
www.ust.edu.ng*

Tuesday 25th February 2020

REF/APPLICATION 2017/222149

JOHNBULL, SIMEIPIRI WENIKE

2 BEVERLY CLOSE OFF GENESIS AVENUE, NKPOR

RUMUOLUMENI PORT HARCOURT

Dear **JOHNBULL, SIMEIPIRI WENIKE**

PROVISIONAL OFFER OF ADMISSION INTO GRADUATE PROGRAMME 2016/2017 SESSION

With reference to your application for admission, I have the pleasure to inform you that you have been offered provisional admission to pursue a POSTGRADUATE programme in this University as follows:

- a. Degree in View: **Ph.D**
- b. Duration of Programme: **6 Semesters (Min) or 8 Semesters (Max)**
- c. Department: **P.G. URBAN AND REGIONAL PLANNING**
- d. Faculty: **P.G. ENVIRONMENT SCIENCE**
- e. Mode of Study: **FULL TIME**
- f. Type of Study: **Course Work/Project**
- g. Name of Major Supervisor: **PROF. ENOS OKOKO**

1. Your admission is subject to the terms and conditions stated below:

- a. You are expected to accept this provisional offer of admission by submitting evidence of on-line payment of a non-refundable **Acceptance Fee**. Failure to do so will be taken to mean that you have declined the offer. Upon receipt of this **Acceptance Fee**, your admission ceases to be provisional.
- b. You should not be a registered student of another Department/Institute or Faculty of this University,
- c. If at a later date it is discovered that you gave false information in your application for admission, this admission will automatically become null and void,
- d. You are expected to make complete payment of the authorized fees at registration,
- e. You must make full payment of the authorized fees and register for course on-line at the beginning of every session,
- f. Payment of fees will cease only after you have completed your work and/or defended your research project at a viva voce examination.

2. You are required to upload the following documents and proceed to the secretary of the Postgraduate School Board with the Originals for Clearance:

- i. *ORIGINAL Certificate(s) OR Statement of Result(s),*
- ii. *ORIGINAL Birth Certificate or Statutory Declaration of Age,*
- iii. *Recent passport*
- iv. *Current medical report obtained from the University Medical Centre.*

Yours faithfully,

Secretary, Postgraduate School