 CENTRE FOR BUSINESS DEVELOPMENT	Document Code : PPP/BIP (P1)	Amendment No:
	BUDDY REGISTRATION	References No: PPP / BIP /
		Date:

Please complete the form based on the categories of person/persons acquiring students. The completed form should be endorsed by the Head Of Department in order to enable incentive payment to be approved.

PART I: FOR THE ACTION OF APPLICANT/PARTNER			
A. Applicant Information			
A.1. Identification Card No/ Passport		A.7 School/Department	
A.2. Matric No		A.8 Year Of Study	
A.3. Name			
A.4. Mailing Address			
A.5. Programme/Name Of Study (Title)	Diploma/First Degree <input type="checkbox"/> Programme: _____ Masters <input type="checkbox"/> Programme: _____ PhD/Equivalent <input type="checkbox"/> Programme: _____		
A.6. Contact Information	Telephone No: _____ Email Address: _____		

Signature : _____ Date: _____

PART II: FOR ATTESTATION BY SCHOOL/ DEPARTMENT

A. Confirmation Information Buddy

1. I Head Of Department/School.....
hereby **APPROVE** ☐ /**DO NOT APPROVE** ☐ information given by the applicant.
hereby **CONFIRM** the recruitment of student (as mention in part II) has registered and paid course fees.I
propose the incentive payment to be credited into the Department's Account.

Name And Designation Head Of Department/School (Rubber Stamp HOD) :

Signature :

Date :

PART III : FOR THE ACTION OF CENTRE FOR BUSINESS DEVELOPMENT

The above information has been checked/ authenticated and the decision is:

Approved ☐ Appointed ☐


Not Approved ☐ Elaboration/Reason _____

Name and Designation :

Signature :

Date :

* All rules are subject to the university regulations

 CENTRE FOR BUSINESS DEVELOPMENT	Document Code : PPP/BIP (P1)	Amendment No:
	BUSINESS INCENTIVES STUDENT RECRUITMENT ACTIVITIES (BUDDY & PTJ)	References No: PPP / BIP /
		Date:

Please complete the form based on the categories of person/persons acquiring students. The completed form should be endorsed by the Head Of Department in order to enable incentive payment to be approved.

1. Buddy/Partner ☐ (Please complete Part I) 2. Department/School ☐ (Please complete Part II)

PART I: FOR THE ACTION OF APPLICANT/PARTNER	
A. Applicant Information	
A.1. Identification Card No/ Passport	
A.2. Matric No	
A.3. Name	
A.4. School/Department	
A.5. Programme/Name Of Study (Title)	Diploma/First Degree <input type="checkbox"/> Programme: _____ Masters <input type="checkbox"/> Programme: _____ PhD/Equivalent <input type="checkbox"/> Programme: _____
A.6. Year Of Study	
A.7. Relationship To Student	Family Member/ <input type="checkbox"/> Friend/Colleague <input type="checkbox"/> Family Friend/Acquittance <input type="checkbox"/> Buddy/Partner
A.8. Contact Information	Telephone No: _____ Email Address: _____ _____
B. Personal Information Of Student Recruited	
B.1. Identification Card No/ Passport	
B.2. Matric No	
B.3. Name	
B.4. School/Department	
B.5. Programme/Name Of Study (Title)	Diploma/ First Degree <input type="checkbox"/> Programme: _____ Masters <input type="checkbox"/> Programme: _____ PhD/Equivalent <input type="checkbox"/> Programme: _____
B.6. Programme Session	
B.7. Contact Information	Telephone No: _____ Email Address: _____ _____

Signature (Applicant): _____ Signature (Recruited Students): _____
 Date : _____ Date : _____

PART II: FOR ACTION OF APPLICANT

Please complete the information regarding recruited students using Student List: For Payment of Business Incentive (List PPP/IPP).

PART III: FOR ATTESTATION BY SCHOOL/ DEPARTMENT
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A. Confirmation Of Payment : *Buddy/Partner*

1. I
 Head Of
 Department/School..... hereby
APPROVE ☐ **/DO NOT APPROVE** ☐ the recruitment of the said student by the applicant (as per
 information in Part I) has registered and paid course fees.
2. I **AGREE** ☐ **/DO NOT AGREE** ☐ the incentive payment (If do not agree please elaborate the reasons)
- _____
- _____

B. Confirmation Of Payment : Department/School

I
 Head Of Department/School
 hereby **CONFIRM** the recruitment of student (as mention in part II) has registered and paid course fees.I
 propose the incentive payment to be credited into the Department's Account.

Name And Designation Head Of Department/School (Rubber Stamp HOD) :

Signature :

Date :

PART IV : FOR THE ACTION OF CENTRE FOR BUSINESS DEVELOPMENT
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The above information has been checked/ authenticated and the decision is:

Approved

☐ Payment to the Applicant

RM

Not Approved

☐ Elaboration/Reason _____

Name and Designation :

Signature :

Date :