# Superior with a superior

### **COLLECTION OF DEGREE CERTIFICATE**

#### A. <u>Documents Required (Physical Collection)</u>

Graduating students are required to **complete the clearance process** and present the following documents at the Academic Affairs Division:

- i. Convocation fee receipt;
- ii. Clearance letter from the Faculty; and
- iii. A copy of student ID card or letter of attestation from any member of staff.

#### B. Collection by Proxy/Authorization

You may authorize a Staff member of the University or someone (to be guaranteed by a staff member) to collect the Degree Certificate on your behalf at the **Academic Affairs Division.** If you choose to do so, you are required to:

- i. Comply with Section A above;
- ii. Complete the Appendix I form attached;
- iii. Scan the documents (including your valid ID) to registrar@run.edu.ng;
- iv. you should give the form to the person collecting on your behalf and have that person present both their identification, a photocopy of their ID, and the form authorizing the collection of your Degree Certificate;
- v. Please note that the University will not be liable for any loss or damage, after the certificate has been issued.

Authorized representatives must show a valid photo ID with a photocopy of the same to collect documents on your behalf.

Kindly note that the University is not under any obligation to grant this request if the reason for this application is not satisfactory.

#### **SIGNED**

Deputy Registrar, Academic Affairs Division

# APPENDIX I

## The Registrar Redeemer's University

Dear Sir,

P.M.B. 230 Ede, Osun State Attach Passport

### **AUTHORITY LETTER TO COLLECT DOCUMENT**

l,	, with Redeemer's University			
Matriculation no.	no, Department of			
wish to	collect the following document, in possession of your office:			
Provisional Statement of Result	ts			
	Degree Certificate (issued by Redeemer's University) (Note: Degree Certificate can only be handed over if the applicant had completed all the clearance procedures in Redeemer's University)			
	ent to collect the document. I hereby authorize the person, whose the document on my behalf. I, therefore, request you to please allow d document to the person I authorize.			
I hereby confirm that the details providamage.	vided below are correct, and I take full responsibility for any loss or			
Yours' sincerely,				
Full address				
Phone no	Email			
Signature	Date			
A. Details of Authorized Person:				
Full Name:				
Relationship with Applicant:	Address:			
	(Must be provided and valid at the time of collection)			
Phone no	Email			
Signature	Date			

For Office Use:				
i.	Academic Affairs Division	Approved	Not Approved	
Comment (if applicable):				
Name: _		Designation	on:	
Signature and Date:				
ii.	Registrar	Approved	Not Approved	
Comment (if applicable):				
Name: _		<del></del>		
Signatur	e and Date:			