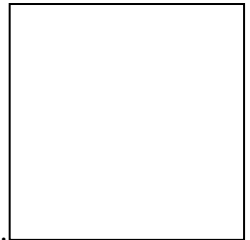




**NATIONAL OPEN UNIVERSITY OF NIGERIA
DIRECTORATE OF EXAMINATIONS AND ASSESSMENT
APPLICATION FORM FOR EXAMINATION ON DEMAND**



Name of Student

Phone No:

Matriculation No

Email Address of Student

Program of Study

Department

Faculty

Study Centre

Courses to be Examined

- 1.
- 2.
- 3.

Plausible Date(s) for the Exam

Place of Exam: Home/Office Study Centre Other (Specify).....

Signature of Student

Date.....

Note: You need a Computer or Tablet or Ipad and minimum of 1GB Data.