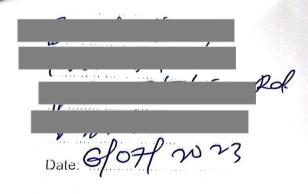


## DELTA STATE UNIVERSITY

P.M.B 1, Abraka, Delta State, Nigeria
BURSARY DEPARTMENT
E-COLLECTION PORTAL RECEIPT



Date of payment:	July 6th, 2023	
Receipt number:		BURSARY DEPARTMEN
Name of payer:		DELT STATE UNIVERSIT
Type of instrument:	DRAFT	CFOX CAS 2
Draft Number:		
Purpose of payment:	INTERNATIONAL TRANSCRIPT	BURSARY DEPARTMENT
Name of issuing officer:		DELTA STATE UNIVERSITY
Signature of issuing officer.	Joe C	1501
Total amount paid:	N50,000.00 (Fifty Thousand Naira Only)	



The Registrar, Delta State University, Abraka.

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Sir/Madam,

## ADDITION

APPLICATION FOR TRANSCRIP	Γ
I wish to request for Osc. copy/copies of address below	my academic transcript to be forwarded to the
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•	***********
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1140 3rd st	NE
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My particulars are as follows:	
Name	A A A
Matric No	1) 2446 1/2024
Department /	Wie to st
Year of Graduation 2009	
If collected before, Month/Year transcript was p	
Attached herewith is the original receipt of NS	bein the cost of the
payment of the transcript	MATIONS & RECORDS
Yours faithfully	RECEIVED
On 11 -	Sign.
Signature (	8 para 6 7 23
Name Pno	Iniversity April
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