



School of Health Information Management

University College Hospital, Ibadan

Email: shim@uch-ibadan.org.ng, shimuchibadan2016@gmail.com

Website: www.shim.uch-ibadan.org.ng

Tel: +2348023365533, +2348023463050, +2348032568507



ACCEPTANCE FORM

Name of Candidate _____

Contact Address _____

Phone Number _____

E-Mail: _____

The Head of School
School of Health Information Management
University College Hospital
Ibadan

With reference to your letter on Provisional Admission into 2017/2018 Academic Session of the above named school, I wish to inform you that I accept the offer of admission made to me to study Health Information Management.

Signature of Candidate & Date