



School of Health Information Management

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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 2023/2024 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