



# School of Health Information Management

## University College Hospital, Ibadan

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### ACCEPTANCE FORM

Name of Candidate: \_\_\_\_\_

Contact Address: \_\_\_\_\_

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\_\_\_\_\_

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 2019/2020 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.

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Signature of Candidate & Date