



BENUE STATE UNIVERSITY, MAKURDI

OFFLINE REFERENCE QUERY/QUESTION FORM

Staff: Student:

First Name: Last Name:

Email: Phone Number:

Faculty: Department:

Date:

Question/Specific Need(s):

Note: Please state your question or specific needs above. Include any relevant information such as specific citation and/or resources you have already consulted. Queries will be answered within 24hrs from the time of request.