



ACHIEVERS UNIVERSITY, OWO

KM 1, Idasen-Uteh Road
P.M.B 1030, Owo, Ondo State
www.achievers.edu.ng

Form No:

APPLICATION FORM FOR ADMISSION TO ACHIEVERS UNIVERSITY FLEXIBLE ACADEMIC PROGRAMME 2017/2018 Academic Session

Important Notice

1. Please complete all entries legibly
2. Make all entries in capital letters

PASSPORT
PHOTOGRAPH

A. PERSONAL DETAILS

Full Names(Surname First): _____
 Date of Birth: _____ Place of Birth: _____
 Nationality: _____ State of Origin: _____
 Local Government Area: _____
 Religion: _____ Denomination: _____
 Home address: _____

 Postal address: _____
 Telephone number: _____
 Email address: _____

B. PARENTS'/GUARDIAN'S PARTICULARS

Name of Father: _____
 Occupation: _____
 Place of work: _____
 Telephone number: _____
 Email address: _____
Name of Mother: _____
 Occupation: _____
 Place of work: _____
 Telephone number: _____
 Email address: _____
Name of Guardian: _____
 Occupation: _____
 Place of work: _____
 Telephone number: _____
 Email address: _____

C. SPONSOR'S DETAIL

Occupation: _____
 Place of work: _____
 Telephone number: _____
 Email address: _____

D. EMPLOYMENT (START WITH CURRENT EMPLOYMENT DETAILS)

Employer's address and telephone number	Date Started	Date Finished	Brief Description of Duties
1.			
2.			
3.			

E. EDUCATIONAL PURSUIT

Programme DEGREE
 Programme
 1st Choice Programme of Study: _____
 2nd Choice Programme of Study: _____

F. EDUCATIONAL QUALIFICATION

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Name of School/Address/Cente and Exam Number	Dates	Subject and Grades
Secondary School		1.
		2.
		3.
		4.
		5.
		6.
		7.
		8.
		9.
Higher Institution (If applicable)		1.
		2.
		3.
		4.
		5.
		6.
		7.
		8.
		9.

ii

Name of School/Address/Cente and Exam Number	Dates	Subject and Grades
Secondary School Name of School/Address/Cente and Exam Number		1.
		2.
		3.
		4.
		5.
		6.
		7.
		8.
		9.
Higher Institution (If applicable)		1.
		2.
		3.
		4.
		5.
		6.
		7.
		8.
		9.

G. HEALTH DETAILS

Are you currently or have you in the past suffered from any of the following conditions?

- (i) Asthma, Pneumonia or any other respiratory disorder Yes / No
- (ii) Dermatitis or any other skin disorder Yes / No
- (iii) Diabetes Yes / No
- (iv) Headaches, Migraine, Epilepsy or any other nervous disorder Yes / No
- (v) High blood pressure or chest pain Yes / No
- (vi) Kidney or bladder infection Yes / No
- (vii) Arthritis or other associated disorder Yes / No
- (viii) Typhoid or other gastric disorder Yes / No
- (ix) Are you currently on any medication? Yes / No

If yes, please give details _____

- (x) Are your vaccinations up to date? Yes / No
- (xi) Number of days lost through sickness in the last 12 months Yes / No

