



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 ONE-YEAR JOINT UNIVERSITIES PRELIMINARY EXAMINATION BOARD (JUPEB) PROGRAMME

2018 / 2019 Academic Session

Important Notice

1. Please complete all entries legibly
2. Make all entries in capital letters
3. Bring a copy of this form to the screening centre

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. AVAILABLE SUBJECT COMBINATIONS

(Tick the subject combination of your choice)

- i. BCP - Biology/Chemistry/Physics
- ii. MGE - Mathematics/Geography/Economics
- iii. EGL - Economics/Government/Literature-in-English
- iv. GLR - Government/Literature-in-English/Religious Studies
- v. AEG - Accounting/Economics/Geography or Government
- vi. CMP - Chemistry/Mathematics/Physics
- vii. EGM - Economics/Government/Mathematics
- viii. BEG - Business Management/Economics/Government
- ix. ABG - Accounting/Business Management/Geography or Government

E. EDUCATIONAL QUALIFICATION

I Name of School/Address/Cente and Exam Number	Dates	Subject and Grades
Secondary School		1. 2. 3. 4. 5. 6. 7. 8. 9.
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F. 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

(xii) Do you have any allergy? Yes / No
 If yes, please give details _____

G. DECLARATION/ATTESTATION

Declaration: Imake this declaration in good faith believing all to be true and correct.

Candidate's Signature

Date

NB: Please indicate official receipt/Teller number: _____

How did you hear about this programme : _____

Attestation: I certify that I have known Mr./Mrs.foryears.

This information about him/her given in this form is correct and not misleading. He/She is of good character and worthy of consideration for admission into your university.

(Attestation by Clergy, Legal Practioner or a Senior Personnel in government or any other organization)

Name: _____
 Profession: _____
 Position: _____
 Signature: _____
 Date: _____