



TRANSCRIPT LABEL

SCHOOL OF POSTGRADUATE STUDIES

ACHIEVERS UNIVERSITY, OWO ONDO STATE

To: Registrar

Please attach this label to the official transcript of my academic record and forward to:

The Secretary,
School of Postgraduate Studies,
Achievers University,
Km 1, Idasen-Ute Road, P.M.B 1030,
Owo, Ondo State,
Nigeria,
West Africa

Thank you.

Application form no _____

Surname _____

Other Names _____

Department to which Admission is sought

Faculty/College/School _____

Applying for session commencing _____

Note: (a) Please complete the Transcript Label and ask your University to send the Label along with your Transcript

(b) If you are a graduate of Achievers University and you are proposing to pursue Master's programme, you should enclose photocopy of the notification of your Bachelor's Degree Result with this application Form



ACHIEVERS UNIVERSITY, OWO

Km 1, Idasen-Ute Road, P.M.B. 1030, Owo.
Ondo State, Nigeria. Website: www.achievers.edu.ng

APPLICATION FOR POSTGRADUATE ADMISSION

Programme: _____

Area of Specialization: _____

Personal Information

Surname: _____ First _____ Middle _____

(Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐)

Mailing Address

P.O. Box or Street Address _____

Mobile Phone Number _____ Email Address _____

Date of Birth _____ Place of Birth _____

State of Origin _____ Nationality _____ Gender: M ☐ F ☐

Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced

Religious Affiliation ☐ Christians ☐ Islam ☐ Others (Please specify) _____

(For statistical analysis only, it is not used in the admission process and will have no bearing on your admission status)

Educational History

List below every College and University you have attended or are currently attending. Omitting a prior College or University from this list may result denial of admission. Contact the Registrar's Office at each of these Institutions and have your official Transcripts sent to:

The Dean of Postgraduate Studies, Achievers University, Km 1 Idasen-Ute Road Owo, Ondo State, Nigeria

Institutional(s)	Enrolled				Diploma/Degree & Date
	From		To		
	Month	Year	Month	Year	

Work Experience

List of appointments in the past five years, (In reverse chronological order)

Post	Employer	Date

Use a separate page for additional information if necessary

List all your professional credentials and license if applicable:

- _____
- _____
- _____
- _____

In case of emergency, the University may contact:

Surname: _____ First _____ Middle _____

Address: _____

Phone no: _____

Name three persons to whom references may be made (at least one of these should be one of your teachers at the undergraduate level)

i) Name: _____ Position/Rank: _____

Address: _____

Phone no: _____ Email _____

ii) Name: _____ Position/Rank: _____

Address: _____

Phone no: _____ Email _____

iii) Name: _____ Position/Rank: _____

Address: _____

Phone no: _____ Email _____

Give any other information which you consider relevant to this application, including honours and awards.

ATTESTATION

I attest that the above information is true and accurate knowing full well that false declaration and misrepresentation of facts can lead to disqualification of my admission at any point in time in the course of my studentship.

Name: _____ Signature: _____

Phone number: _____ Date: _____



ACHIEVERS UNIVERSITY

SCHOOL OF POSTGRADUATE STUDIES

STATEMENT OF PURPOSE

Type Name

SURNAME

FIRST NAME

MIDDLE NAME

(In 200-300 word, write why you want to take a postgraduate programme in your chosen course)



ACHIEVERS UNIVERSITY

RECOMMENDATION FORM

(This section to be completed by applicant)

Applicant's Name

Please indicate Programme for which you are applying

Surname

First

Middle

Signature

Date

NOTE TO REFEREE: The Admissions Committee seeks student who have the capacity to succeed academically. Please return this completed form as soon as possible to the address: The Secretary, School of Postgraduate Studies, Achievers University, Km 1, Idasen - Ute Road, P.M.B 1030, Owo, Ondo State, Nigeria. www.achievers.edu.ng

1. In what relationship and for how long have you known the applicant?
2. To what degree do the applicant's grades reflect his/her academic potential?
3. Please describe any personal, physical or emotional characteristics that you believe may be important to the applicant's success.
4. Describe the degree to which applicant would be supportive of the vision of Achievers University "to produce a total man, morally sound, properly educated and entrepreneurially oriented graduates who would be useful to himself and the society"
5. Please note any additional or special information that may assist the Admissions Committee in evaluating this applicant.

Rate the applicant's qualification:

Please rate the applicant on the following qualification by Marking the appropriate lines:	Outstanding (Upper 10%)	Excellent (Upper 25%)	Good (Upper 50%)	Below Average (Lower 50%)	No Basis for Judgment
Intellectual ability	_____	_____	_____	_____	_____
Commitment	_____	_____	_____	_____	_____
Integrity	_____	_____	_____	_____	_____
Maturity	_____	_____	_____	_____	_____
Self-Motivation	_____	_____	_____	_____	_____
Interpersonal relationships	_____	_____	_____	_____	_____
Emotional stability	_____	_____	_____	_____	_____
Personality	_____	_____	_____	_____	_____
Oral expression	_____	_____	_____	_____	_____
Knowledge of English Language	_____	_____	_____	_____	_____

Please indicate your overall Recommendation based on:	Highly Recommended	Recommended	Not Recommend with Reservations	Not Recommended
Academic qualifications	_____	_____	_____	_____
Non- academic qualifications	_____	_____	_____	_____

Referee's Information:

Name: _____

Signature: _____

Position/Title: _____

Address: _____

Telephone: _____

Date: _____



ACHIEVERS UNIVERSITY

RECOMMENDATION FORM

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ACHIEVERS UNIVERSITY

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