



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.
Secondary School		1. 2. 3. 4. 5. 6. 7. 8. 9.

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 Practitioner or a Senior Personnel in government or any other organization)

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