



ACHIEVERS UNIVERSITY, OWO

KM 1, Idasen-Uteh Road, P.M.B. 1030, Owo, Ondo State

www.achievers.edu.ng

APPLICATION FORM FOR ADMISSION TO ACHIEVERS UNIVERSITY FLEXIBLE ACADEMIC PROGRAMME

____/____ Academic Session

Form No: _____

PASSPORT
PHOTOGRAPH

Important Notice:
Please, complete all entries legibly.
Fill all entries in CAPITAL letters.

A - PERSONAL DETAILS

Full Name: _____
(Surname) (First Name) (Other/Middle Name)

Date of Birth:

d	d	m	m	y	y	y	y

 Place of Birth: _____

Nationality: _____ State of Origin: _____ LGA: _____

Religion: _____ Denomination: _____

Home Address: _____

Postal Address: _____

Telephone Number: _____ Email Address: _____

B - PARENTS'/GUARDIAN'S PARTICULARS

Name of Father: _____
(Surname) (First Name) (Other/Middle Name)

Occupation: _____ Place of Work: _____

Telephone Number: _____ Email Address: _____

Name of Mother: _____
(Surname) (First Name) (Other/Middle Name)

Occupation: _____ Place of Work: _____

Telephone Number: _____ Email Address: _____

Name of Guardian: _____
(Surname) (First Name) (Other/Middle Name)

Occupation: _____ Place of Work: _____

Telephone Number: _____ Email Address: _____

C - SPONSOR'S DETAIL

Name of Sponsor: _____
(Surname) (First Name) (Other/Middle Name)

Occupation: _____ Place of Work: _____

Telephone Number: _____ Email Address: _____

D - EMPLOYMENT DETAILS (START WITH CURRENT/LATEST EMPLOYMENT)

1. Employer (Organisation): _____

Address: _____

_____ Telephone Number: _____

From: To: Role: _____
m m y y y y m m y y y y

Brief Description of Duties: _____

2. Employer (Organisation): _____

Address: _____

_____ Telephone Number: _____

From: To: Role: _____
m m y y y y m m y y y y

Brief Description of Duties: _____

3. Employer (Organisation): _____

Address: _____

_____ Telephone Number: _____

From: To: Role: _____
m m y y y y m m y y y y

Brief Description of Duties: _____

E - EDUCATIONAL PURSUIT

Programme: DEGREE

Programme

First Choice Programme of Study: _____

Second Choice Programme of Study: _____

F - EDUCATIONAL QUALIFICATION

1. SECONDARY SCHOOL

Name of School:	Subjects	Grades
	1.	
	2.	
Address:	3.	
	4.	
	5.	
Centre:	6.	
Exam Number:	7.	
From: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	8.	
To: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
<small>m m y y y y</small>	9.	

2. SECONDARY SCHOOL

Name of School:	Subjects	Grades
	1.	
	2.	
Address:	3.	
	4.	
	5.	
Centre:	6.	
Exam Number:	7.	
From: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	8.	
To: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
<small>m m y y y y</small>	9.	

3. HIGHER INSTITUTION (If Applicable)

Name of School: _____

Address: _____

Course of Study: _____

Certificate Issued: _____ Graduating Grade/Class: _____

From: To:

m m y y y y m m y y y y

4. HIGHER INSTITUTION (If Applicable)

Name of School: _____

Address: _____

Course of Study: _____

Certificate Issued: _____ Graduating Grade/Class: _____

From: To:

m m y y y y m m y y y y

G - HEALTH DETAILS

Are you currently or have you in the past suffered from any of the following conditions? (Tick the appropriate column).		Yes	No
i.	Asthma, Pneumonia or any other respiratory disorder		
ii.	Dermatitis or any other skin disorder		
iii.	Diabetes		
iv.	Headaches, Migraine, Epilepsy or any other nervous disorder		
v.	High blood pressure or chest pain		
vi.	Kidney or bladder infection		
vii.	Arthritis or other associated disorder		
viii.	Typhoid or other gastric disorder		
ix.	Are you currently on any medication?		
If yes, please, give details: _____			

x.	Are your vaccinations up to date?		
xi.	Number of days lost through sickness in the last 12 months		
xii.	Do you have any allergy?		
If yes, please, give details: _____			

H - PERSONAL STATEMENT

In order to enhance your application, please write a statement which relates to your ambition and personal qualities.

I - DECLARATION

I, _____, make this declaration in good faith believing all information given in this form to be true and correct.

Applicant's Signature

Date

Please, indicate official receipt/teller number: _____

How did you hear about this programme? _____

J - ATTESTATION by Clergy, Legal Practitioner, or a Senior Personnel in government or any other organization.

I certify that I have known _____
for _____ years. 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.

Name: _____

Profession: _____

Position: _____

Signature

Date