



# ACHIEVERS UNIVERSITY, OWO

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

[www.achievers.edu.ng](http://www.achievers.edu.ng)

## APPLICATION FORM FOR ADMISSION TO ONE-YEAR JOINT UNIVERSITIES PRELIMINARY EXAMINATION BOARD (JUPEB) PROGRAMME

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Academic Session

**Important Notice:**  
Please, complete all entries legibly in CAPITAL letters.  
Bring a copy of this form to the screening centre.

Form No: \_\_\_\_\_

PASSPORT  
PHOTOGRAPH

### 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 - AVAILABLE SUBJECT COMBINATIONS

Tick the subject combination of your choice.

S/No	Code	Subject Combinations	Tick Here
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

### 1. SECONDARY SCHOOL

Name of School:	Subjects	Grades
	1.	
Address:	2.	
	3.	
	4.	
Centre:	5.	
	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"/>		
	9.	

### 2. SECONDARY SCHOOL

Name of School:	Subjects	Grades
	1.	
Address:	2.	
	3.	
	4.	
Centre:	5.	
	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"/>		
	9.	

**F - 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: _____			
_____			

**G - 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