ACHIEVERS UNIVERSITY

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

APPLICATION FORM FOR ADMISSION TO ONE-YEAR JOINT UNIVERSITIES PRELIMINARY EXAMINATION BOARD (JUPEB) PROGRAMME 20 /20 ACADEMIC SESSION

_____SESSION

IMPORTANT NOTICE

Please complete all entries legibly.
Bring along a photocopy of this form to the screening centre

PASSPORT PHOTOGRAH

A. PERSONAL DETAILS

Full Name (Surname First) _____
Date of Birth: _____Place of Birth: _____Sex_____
Nationality: _____State of Origin: _____
Local Government Area: _____
Religion: _____ Denomination: _____
Home Address: _____
_____
Postal Address:_____
_____
Telephone: _____E-mail: _____

B. PARENTS'/GUARDIAN'S PARTICULARS

Name of Father: _____
Occupation: _____
Place of Work: _____
Telephone: _____Email: _____
Name of Mother: _____
Occupation: _____
Place of Work: _____
Telephone: _____Email: _____
Name of Guardian: _____
Occupation: _____
Place of Work: _____
Telephone: _____Email: _____

C. SPONSOR: _____
Occupation: _____
Place of Work: _____
Telephone: _____ Email: _____

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/Government

vi. CMP – Chemistry/Mathematics/Physics

vii. EGM – Economics/Government/Mathematics

viii. BEG – Business Management/Economics/Government

ix. ABG – Accounting/Business Management/Government

E. EDUCATIONAL QUALIFICATIONS

Please provide information on qualifications		
***Name of School/Address/Centre and Exam number*:**	**Dates**	**Subjects 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 suffering or have you in the past suffered from any of the following conditions?

i. Asthma, Pneumonia or other respiratory disorder **Yes/No**

ii. Dermatitis or any other skin disorder **Yes/No**

iii. Diabetes **Yes/No**

iv. Haedaches, Migraine, Epilepsy or any other nervous disorder **Yes/No**

v. High blood pressure or chest pains **Yes/No**

vi. Kidney or bladder infections **Yes/No**

vii. Arthritis or other associated disorder **Yes/No**

viii. Are you currently on any medication? **Yes/No**

ix. 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 known allergy **Yes/No**

xiii. If Yes, please give details_____

_____

G. DECLARATION/ATTESTATION

Declaration: I…….... make this declaration in good faith believing all to be true and correct

_____ _____

Candidate's Signature Date

*NB: Please indicate official receipt/teller number*_____

Attestation: I certify that I have known Mr./Miss……...……..…for……years The 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.

NB:

A letter of attestation duly signed and stamped by a clergy, legal practitioner or senior officer in government in support of your application should be submitted along with this form.

Scan of the form and supporting documents in PDF format should be forwarded to aufap@achievers.edu.ng