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 DEGREE PROGRAMME FOR TRANSFER STUDENT

NATIONAL ☐ **INTERNATIONAL** ☐

PASSPORT PHOTOGRAPH

_____**SESSION**

IMPORTANT NOTICE

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

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:_____

_____

Telephone:_____Email:_____

B. PARENTS'/GUARDIAN'S PARTICULARS

Name of Father:_____

Occupation:_____

Place of Work:_____

Telephone:_____Email:_____

Name of Mother:_____

Occupation:_____

Place of Work:_____

Telephone:_____Email:_____

C. SPONSOR:_____

Occupation:_____

Place of Work:_____

Telephone:_____ Email:_____

D. PRESENT EDUCATIONAL PURSUIT

Programme: DIRECT ENTRY ☐

JAMB Registration Number:……..

1st Choice of Study---------- 2nd Choice of Study----------

EDUCATIONAL QUALIFICATIONS

Please provide information on qualifications		
***Name of School/Address/Centre and Exam number*:**	**Dates**	**Subjects and Grades**
Secondary School		**1. English Language**
		2. Mathematics
		3.
		4.
		5.
		6.
		7.
		8.
		9.
Higher Institution		**GRADE:**

E. DETAILS OF HIGHER INSTITUTION(S) ATTENDED

1. NAME OF INSTITUTION:……

……

2. NAME OF INSTITUTION:……

……

3. NAME OF INSTITUTION:……

……

COURSE OF STUDY:……..

QUALIFICATION: **GRADE:**

F. HEALTH DETAILS

Are you currently suffering from any health issue? **Yes** ☐ **No** ☐

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./Mrs./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.

(Attestation by a Clergy, a Legal Practitioner or a Senior Officer in government or any other reputable organization)

Name: _____

Profession: _____

Position: _____

Phone No: _____

Signature:_____ **Date:** _____

Official Use:

1. Admission Officer's Comment and Recommendation:

   _____

   _____

   _____

   Name:

   Signature: Date:

2. HOD's Comment and Recommendation:

   _____

   _____

   _____

   Name:

   Signature: Date:

3. Provost's Comment and Recommendation:

   _____

   _____

   _____

   Name:

   Signature: Date:

4. Vice-Chancellor's Approval:

   _____

   _____

   _____

   Name:

   Signature: Date: