



## SCHOOL OF PRE-DEGREE AND REMEDIAL STUDIES

UMARU MUSA YAR'ADUA UNIVERSITY, KATSINA

P.M.B 2218, KATSINA

### APPLICATION FOR ADMISSION

Form No. \_\_\_\_\_

<b>PROGRAMMES</b>
-------------------

<b>AFFIX 1 PASSPORT PHOTOGRAPH HERE</b>
---

UTME  IJMBE  ENGLISH IMMERSION  (Tick as appropriate)

#### A. PERSONAL INFORMATION

i. SURNAME.....OTHER NAMES.....

ii. GENDER.....DATE OF BIRTH.....PLACE OF BIRTH.....

iii. TOWN.....L.G.A.....STATE.....

iv. PERMANENT HOME ADDRESS.....

.....

v. ADDRESS FOR CORRESPONDANCE (IF DIFFERENT FROM IV ABOVE.....

.....

vi. NAME AND ADDRESS OF NEXT OF KIN.....

.....

vii. PHONE NO. OF NEXT OF KIN.....

viii. HAVE YOU EVER BEEN CONVICTED? YES/NO.....

ix. LAST SCHOOL ATTENDED WITH DATE.....

**B. SCHOOL ATTENDED**

NAME OF SCHOOL	DATE		CERTIFICATE OBTAINED
	FROM	TO	
Primary			
Secondary			
Others			

**O'LEVEL EXAMINATION RESULTS/EXAMINATION REGISTERED, RESULT BEING AWAITED**

NAME OF EXAMINATION				NAME OF EXAMINATION			
SUBJECT	YEAR	GRADE	EXAM & CENTRE NUMBER	SUBJECT	YEAR	GRADE	EXAM & CENTRE NUMBER

PROPOSED COURSE:.....

**C. DECLARATION**

I.....do hereby declare that the information given above is true but if it is later found to be false, incomplete or misleading, the University reserves the right to take appropriate disciplinary measure against me.

Signature of Applicant.....Date.....

Signature of Parent/Guardian:.....Date:.....

**D. CONFIDENTIAL REPORT BY HEAD OF DEPARTMENT OR ANY AUTHORITY**

To the best of my knowledge the information given by the applicant is correct. Name and Address of Principal/Head of Department, Head of Organization or LGA Authority.

Address:.....

Signature:.....

Phone Number:.....

For Official Use:.....

.....

**E. CERTIFICATION BY LOCAL GOVERNMENT OF INDIGENE**

- 1. Surname Name:.....First Name.....
- 2. Place of Birth..... Ward.....
- 3. District..... L. G. A. ....

**ATTESTATION**

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Signature of Applicant.....

Signature of the District Head.....Date.....

Signature of Local Government Chairman/Secretary.....

Date .....