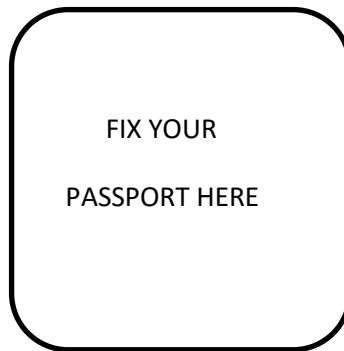


# AMBROSE ALLI UNIVERSITY, EKPOMA

## APPLICATION FORM



Please ensure all sections are fully completed

### 1 Personal Details

**Title** \_\_\_\_\_ **Surname/Family name (BLOCK CAPITALS)** \_\_\_\_\_

**First name(s)** \_\_\_\_\_

**Previous surname (if changed)** \_\_\_\_\_

**Gender: M/F** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Correspondence address** \_\_\_\_\_

\_\_\_\_\_ **Nationality** \_\_\_\_\_

**Contact telephone no.** \_\_\_\_\_ **Mobile telephone no.** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Home address (if different)** \_\_\_\_\_

**Home telephone no.** \_\_\_\_\_ **Postcode** \_\_\_\_\_

### 2. Details of Course(s) you wish to study

School	Department	Start date	Mode of study Full-time/sandwich/part- Time/other (Please specify)	Stage (i.e Year 1, Year 2)

### 3. Last three educational establishment attended

Give names and address of the two educational establishment which you attended with date

Institutions	Full-or Part- time	From (mm/yy)	To (mm/yy)

**4a**

Please list results, including those pending and attach photocopies of your certificate or transcripts

Exam Body O'Level e.g. WAEC, GCE	Subject	Date(mm/yy)	Institutions	Result
4b. NCE/ND/HND	Subject	Date(mm/yy)	Institutions	Result

**5. Names of referees**

Please give the names and contact details of two who can comment on your suitability for this course, which could include a teacher, an academic tutor, current employer, work experience co-ordinator.

Name	Name
Organization	Organization
Telephone	Telephone
Fax	Fax
Email	Email
Relationship to you	Relationship to you

**6. Declaration and submission**

We expect you to submit a complete a comprehensive application at the point first submission. This will enable us to properly assess your sustainability for the course. It is therefore in your best interest to provide us with accurate information and to ensure that you are fully informed about the course you are applying for and the commitments you would be making if you become a student here, and to ensure that you have attached copies of your qualifications and two suitable references. By signing your application you are confirming that the information provided on this form is complete and correct.

I confirm that to the best of my knowledge, the information given in this form is correct and complete

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_