



SAMUEL ADEGBOYEGA UNIVERSITY

OGWA, EDO STATE

ADMISSION SCREENING FORM

PERSONAL DATA

- (i) Name (Surname First):
- (ii) Gender : (iii) Date of Birth:
- (iv) Religion : (v) Denomination :
- (vi) Address :
- (vii) Phone Numbers:..... (viii) E-mail :
- (ix) JAMB Registration Number :

SPONSOR'S PARTICULARS

- (x) Name :
- (xi) Relationship :
- (xii) Address :
- (xiii) Telephone Numbers:
- (xiv) Choice of Courses :
 1st Choice :
- 2nd Choice :
- 3rd Choice :

- (xv) University of Choice:
 1st Choice :
- 2nd Choice :

(xvi) Number of times seated for JAMB & Dates.....

(xvii) Schools previously attended with dates:

S/N	Name of Institutions	Date

(xviii) University previously enrolled / attended with dates

S/N	Name of Institutions	Date

(xix) O'Level Results & Grades (Please attach evidence)

SUBJECT	GRADE	WAEC/NECO/GCE/NABTEB	YEAR OF EXAMINATION

Number of Sittings:

(xx) JAMB Results

	Subject	Score
(1)	Use of English	_____
(2)	_____	_____
(3)	_____	_____
(4)	_____	_____

(xxi) Hobby:

RECOMMENDATION OF DEPARTMENT ADMISSION COMMITTEE:

RECOMMENDATION OF CENTRAL ADMISSION COMMITTEE:

REMARKS:

FOR OFFICE USE ONLY

APPROVED COURSE OF STUDY:

LEVEL:

OUTSTANDING ISSUES:

OFFICER'S SIGNATURE: