

D. Payment Details:

Date: _____
Bank: _____
Bank Branch: _____
Teller No: _____
Amount Paid: _____

E. Declaration:

I _____ hereby declare that the information given above are true to the best of my knowledge and if found otherwise, appropriate sanction should be taken against me.

Applicant's Signature _____
Date

F. Enquiries:

For further enquiries, please contact any of the following numbers:
08023523484, 08124905609, 08131837069
E-mail admissions@sau.edu.ng

COMPLETED APPLICATION FORMS SHOULD BE RETURNED TO:

Assistant Registrar (Admissions),
Samuel Adegboyega University,
Km 1, Ehor Road, Ogwa,
P.M.B. 001,
Ogwa, Edo State,
Nigeria.
E-mail: admissions@sau.edu.ng
Tel: 08023523484, 08124905609

Or

Lagos :
SAU Liaison Office,
The Apostolic Church, LAWNA Territory,
International Convention Grounds,
Olorunda-Ketu, Oworonsoki Expressway,
P.O.Box 32, Ebute-Meta,
Lagos State,
Nigeria.
Tel: 08100121717, 08084195551

FOR OFFICE USE ONLY:

Recommendation: Recommended/Not Recommended
Programme Recommended for: _____
Admission Officer's Signature: _____
Registrar's Signature: _____
Vice Chancellor/Chairman, Admissions Committee's Signature: _____



Student's Slip:
Name: _____

Choice of Programme:
1st _____
2nd _____

Please affix
your recent
passport photo
here