



**SAMUEL ADEGBOYEGA UNIVERSITY**  
**OGWA, EDO STATE**  
**OFFICE OF THE REGISTRAR**

***APPLICATION FORM FOR ADMISSION INTO SAU  
THROUGH SPECIAL PROJECT FOR MEMBERS***

**SECTION A**

**To be completed by Candidates**

1. Applicant's Name (Surname First): \_\_\_\_\_
2. Nationality: \_\_\_\_\_
3. State of Origin: \_\_\_\_\_
4. Contact Address: \_\_\_\_\_
5. Phone & E-mail Address: \_\_\_\_\_
6. Area: \_\_\_\_\_
7. District/Assembly: \_\_\_\_\_
8. Sponsor/Guardians Name &Phone No: \_\_\_\_\_
9. Mode of Entry (UTME/D/E):  
\_\_\_\_\_
10. Jamb Reg. No/Score:  
\_\_\_\_\_
11. Intending Programme: \_\_\_\_\_
12. O' level result  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Attach all relevant documents

13.

**SECTION B**

- i. Attestation by Assembly/District Pastor: \_\_\_\_\_
- ii. Name & Signature of Assembly /District Pastor: \_\_\_\_\_
- iii. Recommendation by Area Superintendent: \_\_\_\_\_

iv. Name & Signature of Area Superintendent: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Comments: \_\_\_\_\_

Name & Signature: \_\_\_\_\_