



SAMUEL ADEGBOYEGA UNIVERSITY OGWA, EDO STATE

APPLICATION FORM FOR CHANGE OF UNIVERSITY TO SAMUEL ADEGBOYEGA UNIVERSITY, FOR ADMISSION INTO DEGREE PROGRAMMES IN ACADEMIC SESSION



A. PERSONAL DATA:

- (i) Name of Candidate (Surname first): _____
- (ii) Date of Birth: _____ (iii) State of Origin: _____
- (iv) Local Government: _____ (v) Sex: _____
- (vi) Nationality: _____ (vii) Religion: _____
- (viii) Denomination: _____
- (ix) Postal Address: _____
- (x) Permanent Home Address: _____
- (xi) Mobile Phone Number: _____ (xii) E-mail: _____
- (xiii) Parent's/Guardian's Name & Address: _____

Tel: _____ E-mail: _____

B. JAMB Registration No: _____

C. Original choice of Universities in the Unified Tertiary Matriculation Examination (UTME)

1st : _____

2nd : _____

D. Subject Combination and Scores in UTME:

Subject	Score
(i) Use of English	_____
(ii) _____	_____
(iii) _____	_____
(iv) _____	_____

E. Order of choice of programme in UTME:

1st _____

2nd _____

F. Proposed choice of programme in Samuel Adegboyega University:

1st _____

2nd _____

G. Available programmes:

College of Basic & Applied Sciences

- (i) Biochemistry (109262K)
- (ii) Chemistry (109263I)
- (iii) Computer Science (109264G)
- (iv) Industrial Chemistry (109265E)
- (v) Mathematics (109266C)
- (vi) Microbiology (109267A)
- (vii) Physics (109268J)
- (viii) Statistics (109269H)

College of Humanities

- (i) English Language (109257E)
- (ii) French (109258C)
- (iii) History & Diplomatic Studies (109259A)
- (iv) Philosophy (109260D)
- (v) Religious Studies (109261B)

College of Management & Social Sciences

- (i) Accounting (109273E)
- (ii) Banking & Finance (109274C)
- (iii) Business Administration (109270K)
- (iv) Economics (109271I)
- (v) Mass Communication (109272G)

H. Declaration of SSCE/NECO/GCE O'level/NABTEB results:

(Please attach evidence)

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

I. For Payment:

Account Name: Samuel Adegboyega University
Bank Name/Account: Zenith/1012688246
First Bank/2018026151
UBA PLC/1015560082
Ecobank/1812003022

Payment Details:

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

J. 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

K. Enquiries:

For further enquiries, please contact any of the following numbers:
08056073890, 07017170422, 070174031411, 07038017733, 08131217925
E-mail: admission@sau.edu.ng

COMPLETED APPLICATION FORMS SHOULD BE RETURNED TO:

Assistant Registrar (Admissions),
Samuel Adegboyega University, Or
Km 1, Ehor Road, Ogwa,
P.M.B. 001,
Ogwa, Edo State,
Nigeria.
Tel: 070174031411, 07038017733, 08131217925

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, 08084171898, E-mail: lagos@sau.edu.ng

FOR OFFICE USE ONLY:

- i. Recommendation: Recommended/Not Recommended
ii. Programme Recommended for: _____
iii. Admission Officer's Signature: _____
iv. Registrar's Signature: _____



Student's Slip:

Name: _____

JAMB Registration No: _____

Choice of Programme: _____

1st _____

2nd _____





SAMUEL ADEGBOYEGA UNIVERSITY OGWA, EDO STATE

APPLICATION FORM FOR ADMISSION INTO PRE-DEGREE SCIENCE PROGRAMME FOR ACADEMIC SESSION



A. PERSONAL DATA:

- (i) Name of Candidate (Surname first): _____
- (ii) Date of Birth: _____ (iii) State of Origin: _____
- (iv) Local Government: _____ (v) Sex: _____
- (vi) Nationality: _____ (vii) Religion: _____
- (viii) Denomination: _____
- (ix) Postal Address: _____
- (x) Permanent Home Address: _____
- (xi) Mobile Phone Number: _____ (xii) E-mail: _____
- (xiii) Parent's/Guardian's Name & Address: _____

Tel: _____ E-mail: _____

B. Proposed choice of programme in Samuel Adegboyega University after completion of Pre-degree programme:

(Please check for the desired programmes):

S/NO	PROGRAMMES	1 ST CHOICE	2 ND CHOICE
1	Biochemistry		
2	Microbiology		
3	Mathematics		
4	Statistics		
5	Physics		
6	Computer Science		
7	Chemistry		
8	Industrial Chemistry		

C. Declaration of SSCE/NECO/GCE O'level/NABTEB results:

(Please attach evidence)

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

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:

08056073890, 07017170422, 070174031411, 07038017733, 08131217925

E-mail: admission@sau.edu.ng

COMPLETED APPLICATION FORMS SHOULD BE RETURNED TO:

Assistant Registrar (Admissions),
Samuel Adegboyega University, Or
Km 1, Ehor Road, Ogwa,
P.M.B. 001,
Ogwa, Edo State,
Nigeria.
Tel: 070174031411, 07038017733, 08131217925

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, 08084171898, E-mail: lagos@sau.edu.ng

FOR OFFICE USE ONLY:

- i. Recommendation: Recommended/Not Recommended
- ii. Programme Recommended for: _____
- iii. Admission Officer's Signature: _____
- iv. Registrar's Signature: _____
- v. Vice Chancellor/Chairman, Admissions Committee's Signature: _____



Student's Slip:

Name: _____

Choice of Programme: _____

1st _____

2nd _____



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:
08056073890, 07017170422, 070174031411, 07038017733, 08131217925
E-mail: admission@sau.edu.ng

COMPLETED APPLICATION FORMS SHOULD BE RETURNED TO:

Assistant Registrar (Admissions),
Samuel Adegboyega University, Or
Km 1, Ehor Road, Ogwa,
P.M.B. 001,
Ogwa, Edo State,
Nigeria.
Tel: 070174031411, 07038017733, 08131217925

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, 08084171898, E-mail: lagos@sau.edu.ng

FOR OFFICE USE ONLY:

- i. Recommendation: Recommended/Not Recommended
ii. Programme Recommended for: _____
iii. Admission Officer's Signature: _____
iv. Registrar's Signature: _____
v. Vice Chancellor/Chairman, Admissions Committee's Signature: _____



Student's Slip:

Name: _____
Choice of Programme:
1st _____
2nd _____



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:
08056073890, 07017170422, 070174031411, 07038017733, 08131217925
E-mail: admission@sau.edu.ng

COMPLETED APPLICATION FORMS SHOULD BE RETURNED TO:

Assistant Registrar (Admissions),
Samuel Adegboyega University, Or
Km 1, Ehor Road, Ogwa,
P.M.B. 001,
Ogwa, Edo State,
Nigeria.
Tel: 070174031411, 07038017733, 08131217925

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, 08084171898, E-mail: lagos@sau.edu.ng

FOR OFFICE USE ONLY:

- | | |
|--|-----------------------------|
| i. Recommendation: | Recommended/Not Recommended |
| ii. Programme Recommended for: | _____ |
| iii. Admission Officer's Signature: | _____ |
| iv. Registrar's Signature: | _____ |
| v. Vice Chancellor/Chairman, Admissions Committee's Signature: | _____ |



Student's Slip:

Name: _____
Choice of Programme:
1st _____
2nd _____

Please affix
your recent
passport photo
here