

NATIONAL UNIVERSITIES COMMISSION

STUDENT INFORMATION

(Sections A-H to be completed by students)



Passport Photo

SECTION A: **INSTITUTIONAL INFORMATION**

1. INSTITUTION: _____
2. FACULTY: _____
3. DEPARTMENT/UNIT: _____

SECTION B: **PERSONAL DATA**

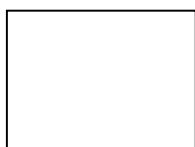
4. (a) MATRICULATION NUMBER: _____
- (b) JAMB REGISTRATION NUMBER: _____
5. NAME: _____

SURNAME
FIRST NAME
MIDDLE NAME(S)
6. FORMER SURNAME (If any): _____

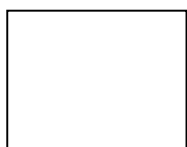
SURNAME
FIRST NAME
MIDDLE NAME(S)
7. SEX: M / F
8. DATE OF BIRTH: ____/____/____

Day
Month
Year
9. NATIONALITY: _____
10. STATE OF ORIGIN: _____
11. (a) L.G.A.: _____
- 11.(b) TRIBE: _____

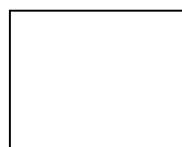
12. Biometrics



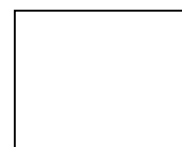
Right thumb



Right forefinger



Left thumb



Left forefinger

13. LANGUAGE(S) SPOKEN: _____
14. MARITAL STATUS: S - SINGLE; M - MARRIED; D - DIVORCED; W - WIDOW(ER)
 (ENTER APPROPRIATE LETTER)
15. RELIGION: C - CHRISTIANITY; I - ISLAM; T - TRADITIONAL; O - OTHERS

(ENTER APPROPRIATE LETTER)

16. IF "Others" in 15, then

Specify: _____

17. HEALTH STATUS: NORMAL PHYSICALLY CHALLENGED

18. IF PHYSICALLY CHALLENGED, PLEASE STATE TYPE: _____

19. IF SPECIAL MEDICATION OR THERAPY IS REQUIRED, PLEASE SPECIFY: _____

21. PREVIOUS EDUCATION:

NAME OF INSTITUTION	DATE		QUALIFICATION OBTAINED	DATE OF AWARD
	FROM	TO		

22. USE OF COMPUTERS:

ARE YOU COMPUTER LITERATE? Yes/No _____

23. PERSON(S) TO CONTACT IN CASE OF EMERGENCY:

(a) NAME: _____

ADDRESS: _____

RELATIONSHIP: _____

TELEPHONE: _____

E-MAIL: _____

(b) NAME: _____

ADDRESS: _____

RELATIONSHIP: _____

TELEPHONE: _____

E-MAIL: _____

SECTION C: ACADEMIC PROGRAMME

24. PROGRAMME STATUS: UNDERGRADUATE POST GRADUATE
25. PROGRAMME TYPE: FULL TIME PART TIME OPEN & DISTANCE LEARNING SANDWICH
LANGUAGE IMMERSION SEMESTER
26. ACADEMIC PROGRAMME OF STUDY: _____
27. ACADEMIC QUALIFICATION IN VIEW: _____
28. STANDARD DURATION OF ACADEMIC PROGRAMME: _____
29. YOUR PRESENT LEVEL IN ACADEMIC PROGRAMME:
(TICK ONE) 100 LEVEL 200 LEVEL 300 LEVEL 400 LEVEL 500 LEVEL
SUB-DEG PG-DIP MASTERS PhD
30. TOTAL FEES PAID/PAYABLE THIS SESSION: ₦ _____
31. SPONSORSHIP: PARENTS/ GUARDIAN GOVERNMENT OTHER(S)
32. YEAR OF ENTRY TO THE UNIVERSITY: _____
33. MODE OF ENTRY: REMEDIAL UME DIRECT ENTRY TRANSFER
34. IF TRANSFER, GIVE NAME OF PREVIOUS UNIVERSITY; _____

SECTION D: QUALIFICATIONS AND MODE OF ENTRY

35. ENTRY QUALIFICATION:
36. YEAR OBTAINED: _____
- a) 'O' Levels
- b) 'A' Levels: IJMB GCE
- c) Other(s): NCE ND HND
37. HOW MANY SITTINGS: 1 2

38. DETAILS OF 'O' LEVEL RESULTS:

1ST Sitting

SUBJECT TITLE	GRADE	REMARKS

2ND Sitting

SUBJECT TITLE	GRADE	REMARKS

39. UNIVERSITY MATRICULATION EXAMINATION RESULTS (UTME):

SUBJECT TITLE	SCORE
English	
Mathematics	
TOTAL SCORES OBTAINED	

40. INTERIM JOINT MATRICULATION BOARD EXAMINATION RESULTS:

SUBJECT TITLE	GRADE

41. GCE/ 'A' LEVEL:

SUBJECT TITLE	GRADE

SECTION E: **EXTRA-CURRICULAR ACTIVITIES**

42. LIST SPORTING ACTIVITIES:

i) _____

ii) _____

iii) _____

43. LIST MEMBERSHIP OF REGISTERED CLUB(S):

i) _____

ii) _____

44. PRESENT POST(S) IN CLUB(S): _____

45. POST(S) HELD IN PREVIOUS CLUB(S): _____

46. STUDENT UNION ACTIVITIES AND POST(S) HELD WITH DATES: _____

47. LIST OTHER EXTRA-CURRICULAR ACTIVITIES:

i) _____

ii) _____

iii) _____

SECTION F: AWARDS

48. PRIZES/AWARDS RECEIVED:

S/N	NAME OF AWARD	DATE

SECTION G: CHANGE OF DEPARTMENT

49. PREVIOUS ACADEMIC PROGRAMME (If any): _____

50. REASONS FOR CHANGE: _____

51. SIGNATURE AND DATE

Signature: _____ Date: ____/____/____

52. NAME AND SIGNATURE OF DEAN/HEAD OF DEPARTMENT (Please Specify):

Name: _____

Signature: _____ Date: ____/____/____