SCHOOL OF PRE-DEGREE AND REMEDIAL STUDIES
UMARU MUSA YAR’ADUA UNIVERSITY
P.M.B. 2218, KATSINA

APPLICATION FOR ADMISSION

A. PERSONAL INFORMATION

i. SURNAME ______________________ OTHER NAMES ______________________________________

ii. DATE OF BIRTH ____________________ GENDER _______________________________________

iii. PLACE OF BIRTH:

   TOWN __________________ L.G.A. ___________ STATE ______________________

iv. PERMANENT HOME ADDRESS

   _______________________________________________________________________________

v. ADDRESS FOR CORRESPONDENCE (IF DIFFERENT FROM IV ABOVE)

   _______________________________________________________________________________

vi. NAME AND ADDRESS OF NEXT OF KIN

   _______________________________________________________________________________

vii. PHONE NO. OF NEXT OF KIN

   _______________________________________________________________________________

viii. HAVE YOU EVER BEEN CONVICTED?

   _______________________________________________________________________________

ix. LAST SCHOOL ATENDED WITH DATES:

   _______________________________________________________________________________

x. SPONSOR: (Self, LGA or State)

   _______________________________________________________________________________

*Delete as appropriate
B. SCHOOLS ATTENDED

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<th>CERTIFICATE OBTAINED</th>
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C. O’LEVEL EXAMINATION RESULTS/EXAMINATION REGISTERED RESULT BEING AWAITED

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PROPOSED DEGREE COURSE: ....................................................................................................................................................

PROPOSED CAREER AFTER GRADUATION: ....................................................................................................................................

D DECLARATION

I ................................................................................................................ do hereby declare that if the information given is later found to be false, incomplete or misleading, the University reserves the right to take appropriate disciplinary measures against me.

Signature of Applicant: ........................................... Date: ...........................................

Signature of Parent/Guardian: ........................................... Date: ...........................................

E CONFIDENTIAL REPORT BY PRINCIPAL/HEAD OF DEPARTMENT OR LGA AUTHORITY

To the best of my knowledge the information given by the applicant is correct. Name and address of Principal/Head of Department or LGA Authority.

Address: ........................................................................................ Signature: ............................................................

........................................................................................ Phone Number: ............................................................

For official use .................................................................................................................................................................