

CENTRE FOR INTEFRNATIONAL EDUCATION
UNIVERSITY OF ILORIN, ILORIN, NIGERIA
APPLICATION FORM FOR ADMISSION AND SCHOLARSHIP
(UNDERGRADUATE)

1. SURNAME:.....
BLOCK LETTERS
2. MIDDLE NAME:.....
3. FIRST NMAE:
4. SEX MALE FEMALE
5. NATIONALITY
6. DATE BIRTH:
D D M M Y Y Y Y
7. PERMANENT HOME ADDRESS:
-
-
8. E-mail 9. PHONE NO:.....
- 10.NAME AND ADDRESS OF NEXT OF KIN.....
-
11. PHONE NO OF NEXT KIN.....
12. CORRESPONDENCE ADDRESS (if it is different from the above)
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-
13. ACADEMIC QUALIFICATIONS:
- PRIMARY EDUCATION
- NAME OF SCHOOL

TOWN FROM

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 TO

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Y Y Y Y

Y Y Y Y

PRIMARY EDUCATION

Name of School

TOWN FROM

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 TO

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Y Y Y Y

Y Y Y Y

SECONDARY EDUCATION:

Name of School:

TOWN FROM

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 TO

Y Y Y Y

Y Y Y Y

DETAIL RESULTS ('O' LEVEL)

SUBJECT	GRADE	YEAR
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
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<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>

DETAIL RESULT ('A' LEVEL)

APPLICANT IS EXPECTED TO ATTACH COPY OF THEIR RESULTS

DETAIL OF DESIRED COURSE

Course

Department

Faculty

Have you been offered admission? Yes

No

Have You Submitted Application For Admission Yes

No

If you are not considered for your 1st choice, are you willing to accept alternative course? Yes

No

If your answer is yes, indicate alternative:

Course

Department

Faculty

UNIVERSITY EDUCATION

Name of University/College attended: Course

IF YOU ARE NOT CONSIDERED FOR YOUR 1ST CHOICE, ARE YOU WILLING TO ACCEPT ALTERNATIVE COURSE? YES NO

IF YOUR ANSWER IS YES, INDICATE ALTERNATIVE

COURSE DEPARTMENT FACULTY

MEDICAL HISTORY

UNIVERSITY EDUCATION

NAME OF UNIVERSITY ATTENDED:.....

YEAR OF COMPLETION:..... COURSE.....

Year of Completion:

COURSE

Y Y Y Y

Y Y Y Y

DEGREE OBTAINED: B.A B.SC. L.L.B OTHERS

GRADE OF YOUR DEGREE 1ST CLASS 2.1 2.2

3rd CLASS PASS

DEGREE IN VIEW: COURSE DEPARTMENT

FACULTY

HAVE YOU BEEN OFFERED ADMISSION? YES NO

HAVE YOU SUBMITTED SEPARATE APPLICATIONS? YES NO

IF YOU ARE NOT CONSIDERED FOR YOUR 1ST CHOICE, ARE YOU WISHING TO CONSIDER ALTERNATIVE COURSE? YES

IF YOUR ANSWER IS YES, PLEASE INDICATE THE ALTERNATIVE:

COURSE DEPARTMENT FACULTY

ANY OTHER USEFUL INFORMATION THAT CAN ASSIST YOUR APPLICATION?

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.....
.....

Degreed obtained: BA. B.Sc. LLB. Others

Grade of your degree 1st Class 2.1 2.2

3rd Class Pass

DEGREE IN VIEW: Course Department Faculty

Have you been offered admission? Yes No

Have you submitted separate application? Yes No

If you are not considered for your 1st choice, are you willing to accept alternative course? Yes

If your answer is yes, please indicate the alternative: Course

Department: Faculty

Any other useful information that can assist your application?

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UNIVERSITY OF ILORIN, ILORIN, NIGERIA

APPLICATION FORM FOR ADMISSION AND SCHOLARSHIP

(POSTGRADUATE)

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Y Y Y Y

Y Y Y Y

PRIMARY EDUCATION

Name of School

TOWN FROM

--	--	--	--

 TO

--	--	--	--

Y Y Y Y

Y Y Y Y

SECONDARY EDUCATION:

Name of School:

TOWN FROM

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--	--	--	--

 TO

Y Y Y Y

Y Y Y Y

DETAIL RESULTS ('O' LEVEL)

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<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>

DETAIL RESULT ('A' LEVEL)

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Course

Department

Faculty

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Have You Submitted Application For Admission Yes

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Course Department Faculty

UNIVERSITY EDUCATION

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IF YOUR ANSWER IS YES, INDICATE ALTERNATIVE

COURSE DEPARTMENT FACULTY

MEDICAL HISTORY

UNIVERSITY EDUCATION

NAME OF UNIVERSITY ATTENDED:.....

YEAR OF COMPLETION:..... COURSE.....

Year of Completion: COURSE
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DEGREE OBTAINED: B.A B.SC. L.L.B OTHERS

GRADE OF YOUR DEGREE 1ST CLASS 2.1 2.2

3rd CLASS PASS

DEGREE IN VIEW: COURSE DEPARTMENT

FACULTY

HAVE YOU BEEN OFFERED ADMISSION? YES NO

HAVE YOU SUBMITTED SEPARATE APPLICATIONS? YES NO

IF YOU ARE NOT CONSIDERED FOR YOUR 1ST CHOICE, ARE YOU WISHING TO CONSIDER ALTERNATIVE COURSE? YES

IF YOUR ANSWER IS YES, PLEASE INDICATE THE ALTERNATIVE:

COURSE DEPARTMENT FACULTY

ANY OTHER USEFUL INFORMATION THAT CAN ASSIST YOUR APPLICATION?

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