

UNIVERSITY OF ILORIN

MATRICULATION OATH 2025/2026 ACADEMIC SESSION

FACU	LTY:MATRICULATION NUMBER:	
DEPA	RTMENT: LEVEL	
	MATDICHI ATION OATH	
N/ A N # E	MATRICULATION OATH	
NAME	SURNAME (In capital letter) FIRST AND SECOND NAMES (in full)	
On adn	nission to membership of the University of Ilorin, I hereby declare that:	
i.	I have not previously matriculated in the University of Ilorin;	
ii.	I have not registered for, neither will I register for, nor undertake any other course of study either on	
	full-time or part-time basis in this University or any other higher or tertiary institution during the period	
	of my studentship in the University of Ilorin;	
iii.	I will not engage in any act of violence, Improper conducts or acts calculated to damage the property	
	of the University, individual or the community, either alone or in conjunction with other students;	
iv.	I will pay due respect and obedience to the authorities of the University of Ilorin, faithfully observe all	
	regulations, which may, from time to time, be issued by the University authority for the good	
	administration of the University, including any directive that students should make a restitution for	
	any damage done by students to property of the University or members of the public, whether in the course of protest or otherwise;	
v.	I will not under any guise, make any post, on any of the Social Media, misinformation about the	
٧.	University;	
vi.	I am not a secret cult member or a member of any unregistered/unlawful	
, 1,	society/association/organisation;	
vii.	During the period of my study in this University, I shall not belong to any secret cult and shall not in	
	any way, aid or abet cultism or fail to disclose to the university authorities, the identity of any cultist,	
	I become aware of;	
viii.		
	not, unless I have evidence that the organisation(s) is duly registered with the University as at the time	
	of its activity or membership;	
ix.	I will not be involved in pornography or indecent dressing either within or outside the University;	
X.	I shall abide by the rules and regulations of the university;	
xi.	In case of breach of any of the clauses of this Oath, the Vice-Chancellor has the sole prerogative to summarily expel me from the University;	
xii.	My parents/guardian have guaranteed my resolve to abide by this declaration which is made bonafide;	
AII.	and	
xiii.	I make this Oath, truthfully and in accordance with the Oaths Act.	
Date	Signature of Student	
7D1		
This is	to acknowledge the receipt of Matriculation Oath and Parent's indemnity form of	
(Name	of Student) Matric Number	

Faculty Officer's Signature

For: Registrar

Dean's Signature Date & Stamp



UNIVERSITY OF ILORIN MATRICULATION OATH/PARENT INDEMNITY FORM

I	Hereby attest	
	of the Department ofis	
nild/ward and that he/she will be of good behaviour and conduct throughout his/her stay in t		
University of Ilorin. I also undertake to indem	nify the University of any liability in the event of my	
child/ward violating the Matriculation Oath, ru	lles and regulations of the University, any disciplinary	
measure meted out to my child/ward as result of me.	f violating the Matriculation Oath shall be accepted by	
I promise to always visit the University of Ilorin information about the University and my child/v		
Parent/Guardian		
Full Name:		
Home Address:		
Office Address:		
	Email:	
	Date:	
Witness (must be of a status not lower than a lev	,	
Full Name:		
Place of Work:		
	Email:	
Signature:	Date:	
C	urrent Picture of the Guardian or Parent	

Tel. No.: e-mail: