

EVANGEL UNIVERSITY, AKAEZE
ADMISSIONS OFFICE



PMB 129
ABAKALI, EBONYI STATE
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E-mail: registrar@evangeluniv.edu.ng

AFFIX YOUR RECENT
PASSPORT
PHOTOGRAPH

**APPLICATION FORM FOR ADMISSION INTO 100 LEVEL DEGREE PROGRAMMES FOR
2017/ 2018 ACADEMIC YEAR**

1. SURNAME FIRST NAME.....
2. OTHER NAMES
3. DATE OF BIRTH PLACE OF BIRTH
4. STATE OF ORIGIN LOCAL GOVT. AREA
5. GENDER MARITAL STATUS
6. CONTACT ADDRESS
-
7. PERMANENT HOME ADDRESS
8. GSM/PHONE NUMBER
9. NAME OF PARENT/GUARDIAN.....
10. ADDRESS OF PARENT/GUARDIAN.....
11. NAME OF SPONSOR
12. ADDRESS OF SPONSOR
13. HOW IS SPONSOR RELATED TO YOU?
14. GSM/PHONE NUMBER(S) OF SPONSOR
15. OCUPATION OF SPONSOR
16. JAMB/UTME 2017 REGISTRATION NO
17. JAMB/UTME 2017 EXAMINATION
18. (a) FIRST CHOICE OF UNIVERSITY.....
(b) FIRST CHOICE OF COURSE

19 (a) FIRST CHOICE COURSE IN EVANGEL UNIVERSITY

(b) SECOND CHOICE COURSE IN EVANGEL UNIVERSITY

20. PERFORMANCE IN 2017 UTME

(a) USE OF ENGLISH

(b)

(c)

(d).....

TOTAL SCORE

21. EDUCATIONAL QUALIFICATION: (insert in the appropriate space the examination, year taken, subjects you took and grades you obtained.)

<i>S/NO</i>	<i>SSCE (WAEC) YEAR TAKEN SUBJECTS & GRADES</i>	<i>SSCE (NECO) YEAR TAKEN..... SUBJECTS & GRADES</i>	<i>OTHERS (SPECIFY) YEAR TAKEN SUBJECTS & GRADES</i>

22. **SCHOOLS ATTENDED**

DATES

- a)
- a)
- a)
- a)

23. Extra-curricular activities in which you participated in schools attended.

.....

DECLARATION: I hereby solemnly declare that the information given in this application form is true to the best of my knowledge and belief, and if I offered admission, I shall abide by the rules and regulations of Evangel University, Akaeze.

Signature: Date:

Name: