



ACHIEVERS UNIVERSITY, OWO

KM 1, Idasen-Uteh Road, P.M.B. 1030, Owo, Ondo State

www.achievers.edu.ng

APPLICATION FORM FOR POST GRADUATE ADMISSION



PASSPORT
PHOTOGRAPH

Please, complete all entries legibly in CAPITAL letters.

Form No:

Programme: _____

Area of Specialization: _____

A - PERSONAL INFORMATION

Dr. Mr. Mrs. Ms.

Full Name: _____
(Surname) (First Name) (Other/Middle Name)

Home Address: _____

Postal Address: _____

Telephone Number: _____ Email Address: _____

Date of Birth:
d d m m y y y y Place of Birth: _____

Nationality: _____ State of Origin: _____ LGA: _____

Gender: M F Marital Status: Single Married Widowed Divorced

Religious Affiliation: Christianity Islam Others (Please, Specify) _____
(For statistical analysis only. It is not used in the admission process and will have no bearing on your admission status.)

B - EDUCATIONAL HISTORY

List below every College and University you have attended or are currently attending. Omitting a prior College or University from this list may result in denial of admission. Contact the Registrar's Office at each of these Institutions and have your official Transcripts sent to: The Dean of Postgraduate Studies, Achievers University, Km 1, Idasen-Ute Road, Owo, Ondo State, Nigeria.

Institution(s)	Enrolled				Diploma/ Degree and Date
	From		To		
	Month	Year	Month	Year	

C - PROFESSIONAL/WORK EXPERIENCE

List all work experience in the past five years in reverse chronological order.

Use a separate page for additional information if necessary.

1. Employer (Organisation): _____

Address: _____

_____ Telephone Number: _____

From:

--	--	--	--	--	--

 To:

--	--	--	--	--	--

 Role: _____
m m y y y y m m y y y y

Brief Description of Duties: _____

2. Employer (Organisation): _____

Address: _____

_____ Telephone Number: _____

From:

--	--	--	--	--	--

 To:

--	--	--	--	--	--

 Role: _____
m m y y y y m m y y y y

Brief Description of Duties: _____

3. Employer (Organisation): _____

Address: _____

_____ Telephone Number: _____

From:

--	--	--	--	--	--

 To:

--	--	--	--	--	--

 Role: _____
m m y y y y m m y y y y

Brief Description of Duties: _____

List all professional credentials and licenses if applicable.

1. _____

2. _____

3. _____

D - EMERGENCY CONTACT

In case of emergency, the University may contact:

Name: _____
(Surname) (First Name) (Other/Middle Name)

Address: _____

Telephone Number: _____ Email Address: _____

E - REFERENCES

Name three persons to whom reference may be made. At least one of these should be one of your teachers at the undergraduate level.

1. Name: _____

Place of Work: _____ Position/Rank: _____

Address: _____

Telephone Number: _____ Email Address: _____

2. Name: _____

Place of Work: _____ Position/Rank: _____

Address: _____

Telephone Number: _____ Email Address: _____

3. Name: _____

Place of Work: _____ Position/Rank: _____

Address: _____

Telephone Number: _____ Email Address: _____

F - OTHER INFORMATION

Give any other information which you consider relevant to this application, including honours and awards.

G - ATTESTATION

I attest that the above information is true and accurate knowing full well that false declaration and misrepresentation of facts can lead to disqualification of my admission at any point in time in the course of my studentship.

Name: _____
(Surname) *(First Name)* *(Other/Middle Name)*

Phone Number: _____

Signature

Date

HOD's COMMENT



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SCHOOL OF POST GRADUATE STUDIES

Information to Applicants for Higher Degree Courses

1. ADMISSION

Candidates for admission to a higher degree programme shall normally be graduates of Achievers University or other institutions recognized by Achievers University Senate.

2. REFEREES' REPORTS, TRANSCRIPT AND RESEARCH PROPOSALS

(a) A candidate shall not be considered for admission to a higher degree course unless his application is supported by at least one confidential report from a former teacher at undergraduate level, and a transcript of his academic record forwarded directly by the authorities of his former University. The Transcript Label provided must accompany the transcript when sent. Copies of transcript not forwarded directly to the Secretary, School of Postgraduate Studies, would not be accepted.

(b) Each candidate shall be responsible for ensuring that supporting documents are forwarded to the School of Postgraduate Studies.

3. MINIMUM DURATION OF COURSES

Three semesters for the Master's Degree

4. REGISTRATION

Registration must be completed within three weeks of the opening of each academic year.

5. DEGREE REQUIREMENTS

Candidates for higher degrees are required to take an approved combination of courses and to submit a project report, a dissertation or a thesis, depending on the degree programme.

6. ACCEPTANCE OF OFFER OF ADMISSION

Offers of admission not accepted by the date specified in the letter of admission will automatically lapse.

7. RETURN OF APPLICATION FORM

The completed application form must be submitted online or by hand or courier to the Secretary, School of Postgraduate Studies, Achievers University, P.M.B. 1030, Owo, Ondo State.



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SCHOOL OF POST GRADUATE STUDIES

Information to Applicants for Higher Degree Courses

APPLICATION FORM SHOULD BE COMPLETED AND RETURNED BY HAND OR COURIER SERVICES WITH THE PHOTOCOPIES OF THE FOLLOWING DOCUMENTS:

1. WASC/G. C. E. OLevel/TC II or Equivalent
2. Bachelor's Degree/HND Certificate
3. Notification of Results of Bachelor's Degree Examinations for A. U. graduates proposing to pursue Masters and PhD Degrees
4. NYSC Discharge/Exemption Certificate of all Nigerian Candidates
5. Marriage Certificate or Evidence of change of Name(s) where applicable
6. Three recent passport-sized photographs

Arrangement should be made with your institution to forward your academic transcript to reach the following address before the closing date:

**THE SECRETARY,
SCHOOL OF POSTGRADUATE STUDIES,
ACHIEVERS UNIVERSITY,
Km 1, Idasen-Ute Road, P.M.B.1030,
Owo, Ondo State.**

IMPORTANT NOTICE

In addition to individual departmental course requirements:

*Candidates for admission should please note that in accordance with the University's regulation, they must satisfy the O Level First degree matriculation requirements of the Achievers University i.e. 5 OLevel credit passes at not more than two sittings including ENGLISH LANGUAGE and MATHEMATICS

*Please staple ALL the above listed documents together before you submit your form.



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SCHOOL OF POST GRADUATE STUDIES

STATEMENT OF PURPOSE

Type Name: _____
(Surname) (First Name) (Other/Middle Name)

(In 200-300 words, write why you want to take a postgraduate programme in your chosen course)



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SCHOOL OF POST GRADUATE STUDIES

TRANSCRIPT LABEL

To Registrar:

Please attach this label to the official transcript of my academic record and forward to:

**The Secretary,
School of Postgraduate Studies,
Achievers University,
Km 1, Idasen-Ute Road, P.M.B. 1030,
Owo, Ondo State,
Nigeria,
West Africa.**

Thank you.

Application Form No.: _____

Surname: _____

Other Names: _____

Department to which admission is sought:

Faculty/College/School: _____

Applying for session commencing: _____

Note:

(a) Please complete the Transcript Label and ask your University to send the Label along with your Transcript.

(b) If you are a graduate of Achievers University and you are proposing to pursue the Master's Programme, you should enclose photocopy of the notification of your Bachelor's Degree Result with this application form.



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RECOMMENDATION FORM

(This Section to be completed by applicant).

Name: _____
(Surname) (First Name) (Other/Middle Name)

Please, indicate programme for which you are applying: _____

Signature

Date

NOTE TO REFEREE:

The Admissions Committee seeks students who have the capacity to succeed academically. Please return this completed form as soon as possible to the address on the right:

**The Secretary,
School of Postgraduate Studies,
Achievers University,
Km 1, Idasen-Ute Road,
P.M.B. 1030,
Owo, Ondo State,
Nigeria.
www.achievers.edu.ng**

1. In what relationship and for how long have you known the applicant?
2. To what degree do the applicant's grades reflect his/her academic potential?
3. Please describe any personal, physical or emotional characteristics that you believe may be important to the applicant's success.
4. Describe the degree to which applicant would be supportive of the vision of Achievers University "to produce a total man, morally sound, properly educated and entrepreneurially oriented graduates who would be useful to himself and the society".
5. Please note any additional or special information that may assist the Admissions Committee in evaluating this applicant.

Rate the applicant's qualifications.

Please, rate the applicant on the following by marking the appropriate lines:	Outstanding (Upper 10%)	Excellent (Upper 25%)	Good (Upper 50%)	Below Average (Lower 50%)	No Basis for Judgment
Intellectual Ability	_____	_____	_____	_____	_____
Commitment	_____	_____	_____	_____	_____
Integrity	_____	_____	_____	_____	_____
Maturity	_____	_____	_____	_____	_____
Self-Motivation	_____	_____	_____	_____	_____
Interpersonal Relationships	_____	_____	_____	_____	_____
Emotional Stability	_____	_____	_____	_____	_____
Personality	_____	_____	_____	_____	_____
Oral Expression	_____	_____	_____	_____	_____
Knowledge of English Language	_____	_____	_____	_____	_____

Please, indicate your overall recommendation based on:	Highly Recommended	Recommended	Recommended with Reservations	Not Recommended
Academic qualifications	_____	_____	_____	_____
Non-academic qualifications	_____	_____	_____	_____

REFEREE'S INFORMATION

Name: _____

Place of Work: _____ Position/Title: _____

Address: _____

Telephone Number: _____ Email Address: _____

Signature

Date