



ACHIEVERS UNIVERSITY

Km 1, Idasen-Ute Road,
P.M.B. 1030, Owo, Ondo State, Nigeria
Website: www.achievers.edu.ng

APPLICATION FORM FOR ADMISSION TO ONE-YEAR JOINT UNIVERSITIES PRELIMINARY EXAMINATION BOARD (JUPEB) PROGRAMME 20 /20 ACADEMIC SESSION

_____ SESSION

IMPORTANT NOTICE

***Please complete all entries legibly.
Bring along a photocopy of this form to the screening centre***

PASSPORT
PHOTOGRAPH

A. PERSONAL DETAILS

Full Name (Surname First) _____
Date of Birth: _____ Place of Birth: _____ Sex _____
Nationality: _____ State of Origin: _____
Local Government Area: _____
Religion: _____ Denomination: _____
Home Address: _____

Postal Address: _____

Telephone: _____ E-mail: _____

B. PARENTS'/GUARDIAN'S PARTICULARS

Name of Father: _____
Occupation: _____
Place of Work: _____
Telephone: _____ Email: _____
Name of Mother: _____
Occupation: _____
Place of Work: _____
Telephone: _____ Email: _____
Name of Guardian: _____
Occupation: _____
Place of Work: _____
Telephone: _____ Email: _____

C. SPONSOR: _____
Occupation: _____
Place of Work: _____
Telephone: _____ Email: _____

D. AVAILABLE SUBJECT COMBINATIONS*(Tick the subject combination of your choice)*

- i. BCP – Biology/Chemistry/Physics
- ii. MGE – Mathematics/Geography/Economics
- iii. EGL – Economics/Government/Literature-in-English
- iv. GLR – Government/Literature-in-English/Religious Studies
- v. AEG – Accounting/Economics/Government
- vi. CMP – Chemistry/Mathematics/Physics
- vii. EGM – Economics/Government/Mathematics
- viii. BEG – Business Management/Economics/Government
- ix. ABG – Accounting/Business Management/Government

E. EDUCATIONAL QUALIFICATIONS

<i>Please provide information on qualifications</i>		
<i>Name of School/Address/Centre and Exam number:</i>	Dates	Subjects and Grades
<i>Secondary School</i>		1.
		2.
		3.
		4.
		5.
		6.
		7.
		8.
		9.
<i>Secondary School</i>		1.
		2.
		3.
		4.
		5.
		6.
		7.
		8.
		9.

F. HEALTH DETAILS

Are you currently suffering or have you in the past suffered from any of the following conditions?

- i. Asthma, Pneumonia or other respiratory disorder Yes/No
- ii. Dermatitis or any other skin disorder Yes/No
- iii. Diabetes Yes/No
- iv. Haedaches, Migraine, Epilepsy or any other nervous disorder Yes/No
- v. High blood pressure or chest pains Yes/No

- vi. **Kidney or bladder infections** **Yes/No**
- vii. **Arthritis or other associated disorder** **Yes/No**
- viii. **Are you currently on any medication?** **Yes/No**

- ix. **If Yes, please give details** _____

- x. **Are your vaccinations up to date?** **Yes/No**
 - xi. **Number of days lost through sickness in the last 12 months**
 - xii. **Do you have any known allergy** **Yes/No**
 - xiii. **If Yes, please give details** _____

G. DECLARATION/ATTESTATION

Declaration: I..... make this declaration in good faith believing all to be true and correct

Candidate's Signature Date

NB: Please indicate official receipt/teller number _____

Attestation: I certify that I have known Mr./Miss.....for.....years
 The information about him/her given in this form is correct and not misleading. He/she is of good character and worthy of consideration for admission into your university.

(Attestation by a Clergy, a Legal Practitioner or a Senior Officer in government or any other reputable organization)

Name: _____
Profession: _____
Position: _____
Phone No: _____
Signature: _____ **Date:** _____