



UNIVERSITY OF ILORIN, ILORIN, NIGERIA
CENTRE FOR INTERNATIONAL EDUCATION
APPLICATION FORM FOR ADMISSION (POSTGRADUATE)

Affix
Photograph

1. SURNAME:.....

(BLOCK LETTERS)

2. MIDDLE NAME:.....

3. FIRST NAME:.....

4. SEX MALE FEMALE

5. NATIONALITY

6. DATE OF 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 OF KIN:.....

12. CORRESPONDENCE ADDRESS (if it is different from the above)
.....
.....

13. ACADEMIC QUALIFICATIONS:

PRIMARY EDUCATION:

NAME OF SCHOOL:.....

TOWN

FROM

--	--	--	--

Y Y Y Y

TO

--	--	--	--

Y Y Y Y

14. PRIMARY EDUCATION

NAME OF SCHOOL

TOWN

FROM

--	--	--	--

Y Y Y Y

TO

--	--	--	--

Y Y Y Y

15 SECONDARY EDUCATION:

Name of School:.....

TOWN

FROM

--	--	--	--

Y Y Y Y

TO

--	--	--	--

Y Y Y Y

16. DETAIL RESULTS ('O' LEVEL)

SUBJECT

GRADE

YEAR

DETAIL RESULT ('A'LEVEL)

APPLICANT IS EXPECTED TO ATTACH COPY OF THEIR RESULTS

DETAILED 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 FIRST 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:.....

COURSE: YEAR OF COMPLETION:

DEGREE OBTAINED: B.A B.Sc. L.L.B OTHERS (Indicate)

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 NO

IF YOUR ANSWER IS YES, PLEASE INDICATE THE ALTERNATIVE:

COURSE: DEPARTMENT FACULTY

ANY OTHER USEFUL INFORMATION THAT CAN ASSIST YOUR APPLICATION?:

.....
.....
.....

FOR OFFICE USE ONLY

1. COMMENT OF THE HEAD OF DEPARTMENT

.....
.....
.....

2. COMMENT OF THE DEAN

.....
.....
.....
.....

3. COMMENT OF THE VICE-CHANCELLOR

.....
.....
.....
.....

Signature:..... Date: