

EVANGEL UNIVERSITY, AKAEZE
ADMISSIONS OFFICE



PMB 129
ABAKALIKI, EBONYI STATE
www.evangeluniversity.edu.ng
E-mail: registrar@evangeluniversity.edu.ng

AFFIX YOUR
RECENT
PASSPORT
PHOTOGRAPH

**APPLICATION FORM FOR ADMISSION INTO 100 LEVEL DEGREE PROGRAMMES FOR
2019/ 2020 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 EMAIL ADDRESS
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. OCCUPATION OF SPONSOR
16. JAMB/UTME 2019 REGISTRATION NO
17. JAMB/UTME 2019 EXAMINATION NO
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 2019 UTME

- (a) USE OF ENGLISH
 - (b)
 - (c)
 - (d).....
- TOTAL SCORE

21. EDUCATIONAL QUALIFICATION: (insert in the appropriate space the examination, year taken, subjects taken and grades 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).....
- b).....
- c).....
- d).....

23. PAYMENT DETAILS

Mode of payment: Bank: Cash: Teller/Receipt No..... Date of Payment.....

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

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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 offered admission, I shall abide by the rules and regulations of Evangel University, Akaeze.

Signature: Date:

Name: