



ADAMAWA STATE UNIVERSITY, MUBI

Office of the registrar SANDWICH PROGRAMME

APPLICATION FOR ADMISSION INTO THE SANDWICH DEGREE PROGRAMME

Certified Passport
size Photograph
of the Applicant

1. IMPORTANCE NOTICE;

- (a) Any candidate detected to have given any false information will be disqualified
- (b) Candidate are required to attach photocopies of certificate or certified statement of examination result without which applications will not considered

2. (a). Programme Applied for: _____

(b). Contact: _____

3. PERSONAL DATA

(write in block letters)

a. SUR NAME: _____

OTHER NAMES _____

b. SEX: _____ (c) DATE OF BIRTH: _____

d. MARITAL STATUS (Married or single): _____

e. NATIONALITY: _____ (g) STATE OF ORIGIN: _____

h. LOCAL GOVERNMENT AREA: _____

i. CORESSPONDENCE ADDRESS: _____

j. Tel/GSM: _____

k. PERMANENT CONTACT ADDRESS: _____

l. NAME AND ADDRESS OF THE PARENT/GUARDIAN: _____

m. EXTRA CURRICULAR ACTIVITIES: _____

3. ACADEMIC RECORD:

4. (a). School Attended With Date:

Post-primary school attended	From	To

(b). QUALIFICATION(S) OBTAINED

GCE 'O'		WASC/SSSC		WASC (TECHNICAL)		NECO		TC.II	
Subject	Grade	Subject	Grade	Subject	Grade	Subject	Grade	Subject	Grade

WHERE AWAITING RESULT, PLEASE WRITE "A.R"

(1) Date_of_exam: _____ Center _____ Exam No: _____

(2) Date_of_exam: _____ Center _____ Exam No: _____

(3) Date_of_exam: _____ Center _____ Exam No: _____

(4) Date_of_exam: _____ Center _____ Exam No: _____

(5) Date_of_exam: _____ Center _____ Exam No: _____

(C) National certificate of education(NCE)

From	To	Institution	Subject	Grade	Overall level of pas

(b). Other examination(s)

Type_of_exam	Date	Institution	Subject	Grade

(5) RECORD OF THE EMPLOYMENT:

Name of employer	Post	From	To

(6). REFERENCE

Name and address of two referees **(one of which must be a Head of a school/ college, or last employer)**

i. Name: _____
Address: _____

ii. Name: _____
Address: _____

(7). SPONSORSHIP:

i. (Name: _____
Address of Sponsor _____

(8). DECLARATION:

I declare that the information given in this form is to best of my knowledge accurate in every detail. Any false information detected on this form automatically disqualifies me from being considered for the admission.

I shall abide by the university's decision on all admission matters.

Signature: _____

Date: _____

FOR OFFICIAL USE ONLY

Receipt No. of application:

Date of Receipt of application

Receipt by:

Name: _____

Signature: _____

Date: _____