**NNAMDI AZIKIWE UNIVERSITY, AWKA**

**SCHOOL OF POSTGRADUATE STUDIES**

**POSTGRADUATE APPLICATION FORM**

1. **Application Form Information**

|  |  |
| --- | --- |
| **User Name:** | **-** |
| **Form Number:** | **-** |

1. **Personal Information:**

|  |  |
| --- | --- |
|  |  |
| **Surname:** | **-** |
| **First Name:**Passport Picture | **-** |
| **Other Names:** | **-** |
| **Date of Birth:** | **-** |
| **Sex:** | **-** |
| **Marital Status:** | **-** |
| **State:** | **-** |
| **L.G.A.:** | **-** |
| **Nationality:** | **-** |
| **Residential Address:** | **-** |
| **Phone Number:** | **-** |
| **Email Address:** | **-** |
|  |  |

1. **Academic Programme of Interest:**

|  |  |
| --- | --- |
| **Programme in View:** | **-** |
| **Faculty:** | **-** |
| **Department:** | **-** |
| **Course of Study:** | **-** |
| **Area of Specialization:** | **-** |
| **Mode of Study:** | **-** |

1. **Next of Kin/Sponsor Information:**

|  |  |
| --- | --- |
| **Name of Next of Kin:** | **-** |
| **Address of Next of Kin:** | **-** |
| **Phone Number of Next of Kin:** | **-** |
| **Name of Sponsor:** | **-** |
| **Address of Sponsor:** | **-** |
| **Phone Number of Sponsor:** | **-** |

1. **O LEVEL RESULTS OR EQUIVALENTS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Exam 1** | **Exam Year:** |  | **Exam 2:** | **Exam Year:** |
| **Subject** | **Grade** | **Exam. No.** | **Exam Centre** |  | **Subject** | **Grade** | **Exam. No.** | **Exam Centre** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **INSTITUTION(S) ATTENDED WITH DATES AND CERTIFICATES:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Institutions** | **Certificate Obtained** | **Course/Subject** | **Class of Certificate** | **Date** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

I HEREBY DECLARE THAT THE INFORMATION THAT I HAVE SUPPLIED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEVE I AM AWARE THAT WITHHOLDING ANY INFORMATION OR/AND GIVING FALSE INFORMATION AUTOMATICALLY DISQUALIFIES ME FROM GAINING ADMISSION.

DATE: NAME: