



AJAYI CROWTHER UNIVERSITY, OYO

P.M.B. 1066, OYO
OYO STATE, NIGERIA

Form No

Website: <http://pgs.acu.edu.ng>

Email: admissions@acu.edu.ng

APPLICATION FOR POSTGRADUATE ADMISSION

Proposed Course of Study:

M.A., M.Sc., M.Ed., MBA, Ph.D.

OFFICE USE ONLY

(Officer making entry must initial and date each entry)

Date Application Form was Issued: _____

Bursary Receipt Number: _____

Admitted/Not Admitted: _____

Signature: _____

RECOMMENDATION FROM PG SCHOOL

This candidate can matriculate

This candidate cannot matriculate

Reason(s): _____

Signature: _____

TO THE APPLICANT

- i. The applicant is advised to read through this form carefully before filling it.
- ii. The completed form together with two self-addressed ₦50.00 stamped envelopes and all other attachments should be sent to the School of Postgraduate Studies.
- iii. The information required to be given in the application form will be treated confidentially, and will be used only by the University.
- iv. Affix a copy of a recent passport photograph in the box provided above.

Completed application form must be accompanied with photocopies of the following:

- i. WASC/GCE O'level Certificate
- ii. Bachelors Degree Certificate (for Masters degree applicants)
- iii. NYSC discharge Certificate/Certificate of Exemption(where applicable)
- iv. Marriage Certificate or evidence of change of name where applicable
- v. Bank draft or Teller of payment (To make payment online, visit <http://pgs.acu.edu.ng>)

Candidates must ensure that their academic transcripts are sent directly to:

Dean, Postgraduate School,
Ajayi Crowther University, Oyo,
P.M.B 1066 Oyo,
Oyo State.

SECTION A: PERSONAL DETAILS

1. Full Names:

Surname (In capital letters)	First name	Second Name
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2. Mailing Address: _____

Email Address: _____

3. Permanent Home Address: _____

4. Phone Number: _____

5. Date of Birth: _____

6. Nationality: _____ 7. State: _____ 8. LGA: _____

9. Religion: _____ 10. Denomination: _____

11. Gender: _____

12. Marital Status: _____

13. Maiden Name (if applicable): _____

14. Full Names and Mailing Addresses of Sponsor: _____

(b) Relationship: _____

(c) Sponsor's Phone Number: _____

15. Do you have any physical disability? Yes No If so, what is the nature of

the disability _____

B. ACADEMIC RECORDS

Post-Secondary Institution(s) Attended With Dates

	From (Year)	To (Year)

Academic/Professional Qualifications

Name and Address of Institution	From	To	Degree/Diploma Certificate	Class / Grade	Special Field of Study

C. EMPLOYMENT HISTORY

Name of Employer	Address	Status	Salary Grade	From	To

D. REFEREES

Names of Referees (<i>Three Referees</i>)	Address	Mobile Number	Relationship
1.			
2.			
3.			

19. DECLARATION

I hereby declare that I wish to enter Ajayi Crowther University Postgraduate School for the _____ session. The particulars given in this form are correct to the best of my knowledge and belief. If admitted to the University, I shall regard myself bound by the ordinance, code of conduct, statutes and regulations of the University as far as they affect me.

I understand that withholding any information requested, and declaring incorrect qualifications or giving false information may make me ineligible for admission, registration or matriculation or result in my expulsion from the university and/or prosecution.

Name: _____ Signature: _____ Date: _____