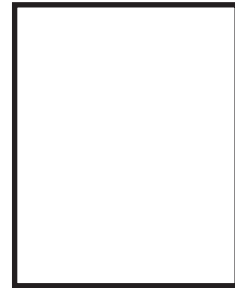


CRESCENT UNIVERSITY, ABEOKUTA

(Citadel of Academic and Moral Excellence)

Km 5, ayetoro Road, Lafenwa P.M.B. 2104 Sapon, Abeokuta, Ogun State, Nigeria. Tel: +234 (0) 803 064 4731
www.cuab.edu.ng



Attach securely a recent
Passport Photograph



COLLEGE OF HEALTH SCIENCES

APPLICATION FORM

Please quote this number in any Correspondence with this office and Return your completed form to the Crescent University, Abeokuta

No. CUAB/CHS/001

1a. Session:.....

1b. Status: (Full Time)

1c. Programme:

Degree/Diploma	Tick as appropriate	Discipline	Department	Faculty/College
B.Sc Nursing				
B.Sc. Anatomy				
B.Sc. Physiology				

2i. Surname:.....

2ii Other Names:.....

3a. Marital Status:.....

b. Maiden Name: (if married):.....

4a. Date of Birth:.....

b. Place of Birth:.....

5a. Nationality:.....

b. State of Origin:.....

c. Local Govt. Area:.....

6. Religion:.....

7a. Contact Address (Not P.O. Box or P.M.B.):.....

.....

.....

b. Permanent Home Address:.....

.....

.....

8a. E-mail:.....

b. Telephone:.....

9. Next of kin

Name:.....

Address:.....

Telephone No:..... e-mail:.....

10. Sponsorship: (Tick as appropriate)

(i) Self ☐ (ii) Parents ☐ (iii) others; specify.....

11. Education Record College (s) and University Attended

		Year Attended			
Name of Institution	Place and Country	From	To	Certificate Obatained	

12. Academic Distinctions or Prizes Received:

13. Language (s) spoken apart from English and degree of proficiency (very good, good, fair)

.....

14. Do you have any Health or Physical Disability? Explain.....

.....

15. Give any other information relevant to this application.....

16. On a separate sheet, please give a brief statement of your plan fo study (where applicable).....

.....

17. Name and Addresses of three (3) referees, (one of whom should be Head of Department or any other Senior Member of the Department where you studied).

i.....

ii.....

iii.....

.....

DECLARATION BY APPLICANT

I,.....hereby declare that the information and particulars which I have supplied above are true to the best of my knowledge and belief.

Signature.....

Date:.....

FOR OFFICE USE

Application Received by:.....

Date:.....

Dispatched to the Department:.....



CRESCENT UNIVERSITY, ABEOKUTA

(Citadel of Academic and Moral Excellence)

OGUN STATE

COLLEGE OF HEALTH SCIENCES

Form No:.....

REFEREE'S CONFIDENTIAL REPORT ON AN APPLICANT FOR ADMISSION

The Applicant whose name is given below wishes to undertake higher degree studies at Crescent University, Abeokuta.

The University would be grateful for your comments on the Applicant's suitability.

Your comments will be regarded as confidential. Please return the completed for directly to the Secretary, Postgraduate School, Crescent University, Abeokuta, Nigeria.

A. To be completed by the applicant.

1. Name of Applicant.....
(Surname in block letter)

2. Department and College of the University to which application is being made:

.....

3. The degree of the Crescent University, Abeokuta, which the applicant intends to take:

.....

B. To be completed by the Referee:

4. How long and in what capacity have you know the applicant?

.....

5. Please rate the applicant on the following characteristics?

Excellent	Very Good	Good	Slightly Above Average	Average	Below Average	Unable to Assess
Intellectual Capacity						
Capacity for persistent and independent academic study						
Ability for imaginative thought						
Promise of productive Scholarship						
Oral and written expression in English Language						

6. Please comment on the Applicant's personality (bearing in mind moral character, emotional and physical stability)

.....

.....

.....

.....

7. Any other relevant information which help in determining the Applicant's Suitability.

.....

.....

.....

.....

Name of Referee:.....

Rank:.....

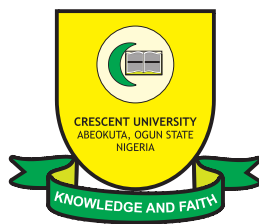
Profession:.....

Signature:.....

Address:.....

Phone Number:.....

e-mail:.....



**COLLEGE OF HEALTH SCIENCES
CRESCENT UNIVERSITY, ABEOKUTA**

(Citadel of Academic and Moral Excellence)
OGUN STATE

ACKNOWLEDGMENT FORM

NAME OF APPLICANT:.....
(Surname First)

PHONE NO:..... E-MAIL:.....

FORM NO:..... RECEIPT NO:.....

COURSE DESIRED:.....

DEPARTMENT:.....

COLLEGE:.....

PLACE OF PURCHASE OF FORM:.....

SEX:.....

RELIGION:.....

SIGNATURE:.....

DATE:.....

NOTE: Applicants are to complete the two Acknowledgment forms, submit one copy and retain the other copy to be presented at the time of registration.