



CRESCENT UNIVERSITY ABEOKUTA

Citadel of Academic and Moral Excellence
KLM 5, AYETORO ROAD, LAFENWA, ABEOKUTA, OGUN STATE.
P.M.B 2104, SAPON, ABEOKUTA, OGUN STATE.
Email: info@cuab.edu.ng Website: www.cuab.edu.ng



File No: _____

APPLICATION FOR UNDERGRADUATE ADMISSION

Session:	
Status	FULL-TIME

Programme Choices:

	Programme
First Choice	
Second Choice	

Surname:	
Other Names:	
Marital Status:	
Maiden Name:	
Date of Birth:	
Place of Birth:	
State of Origin:	
Nationality:	
Religion/Denomination:	
Postal Address:	
Home Address:	
Permanent Home Address:	
Email:	
Telephone (Whatsapp No.):	

Next of Kin:

Full Name	Address	Phone	Relationship

Educational Record:

	School Name	City	Country	From	To	Certificate Obtained

Exam Details:

Exam Type	Exam No	Exam Month	Exam Year

Result Obtained:

(WASSCE)

S/N	Subject	Grade
1		
2		
3		
4		
5		
6		
7		
8		
9		

(NECO)

S/N	Subject	Grade
1		
2		
3		
4		
5		
6		
7		
8		
9		

Exam Details

JAMB UTME:

Registration No	Exam No

Result Obtained:

S/N	Subject	Score
1		
2		
3		
4		

Total Score:

Academic Distinctions or Prizes Received:

	Prize Name	Year Received
1		

Referees:

	Full Name	Address	Phone
1			
2			

Mode of Sponsorship:	
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Language(s) spoken and Degree of proficiency:

	Language(s)	Proficiency
1		
2		
3		

Do you have any health or Physical Disability? Explain:
State any school/community activities in which you have participated during the last two years:
Describe any special talent(s) award or leadership activities in school or community groups:

DECLARATION BY APPLICANT

I _____ hereby declare that the particulars which I supplied are true to the best of my knowledge and can be used in processing my application.

Signature: _____

Date: _____