

FOR OFFICE USE ONLY Application Number:

20...../20..... Session

Instructions: Prospective candidates are strongly advised to read the attached guiding notes carefully before completing this form.

Section	ın A: Payment Details		
Name of	of Bank:	Account No:	
Teller No	No:	Date of Payment:	
Verified	d by:		
Section	n B: Basic Application Information		
College <i>i</i>	e Applied To:		
Departm	tment Applied To:		
Program	amme Applied For:		
Mode of	of Study: Full Time Part Tir	me	
Are you	u applying to study this programme off cam	npus? (* Conditions apply, refer to guiding note): No	Yes
Section	ın C: Applicants Personal Information		
Surname	те:		
First Nai	ame:	Middle:	
Previous	us Surname:	Gender: Male	Female
National	ality:	State of Origin:	
Date of 6	f Birth:	Marital Status:	
Tel No:		Alternate Tel. No.:	
E-mail A	Address:		
Contact	et Address:		
Section	ın D: Academic History		
1.	Institution:		
	Qualification obtained (i.e. HND, B.Sc	e., MBBS):	
	Main field of study:		
	Natae of etudy: From	T _n .	

FOR OFFICE USE ONLY Application Number:

20...../20..... Session

	Location:		
	(a) City:	(b)State/Province:	(c) Country:
2.	Institution:		
	Qualification obtained (i.e. HND, B.Sc., MBBS):		
	Main field of study:		
	Dates of study: From	To:	
	Location:		
	(a) City:	(b)State/Province:	(c) Country:
3.	Institution:		
	Qualification obtained (i.e. HND, B	3.Sc., MBBS):	
	Main field of study:		
	Dates of study: From	To:	
	Location:		
	(a) City:	(b)State/Province:	(c) Country:
Section	E: Professional Qualification		
1.	Name of professional body:		
	Membership Year:	Membership Status:	
2.	Name of professional body:		
	Membership Year:	Membership Status:	
3.	Name of professional body:		
	Membership Year:	Membership Status:	
Section	F: Work experience		
1.	Name of Employer:		
	Contact Address:		
	Position Held:		
	Dates:		

FOR OFFICE USE ONLY Application Number:

20...../20..... Session

	Email Address:lel. No.:lel. No.:	
2.	2. Name of Employer:	
	Contact Address:	
	Position Held:	
	Dates:	
	Email Address:Tel. No.:	
3.	3. Name of Employer:	
	Contact Address:	
	Position Held:	
	Dates:	
	Email Address:Tel. No.:	
Section (ion G: Referee details	
1.	1. Name:	
	Position/Rank: Tel No.:	
	Email Address:	
2.	2. Name:	
	Position/Rank: Tel No.:	
	Email Address:	
3.	3. Name:	
	Position/Rank: Tel No.:	
	Email Address:	
Section	ion H: Other information:	
Are you a	ou attending any educational institution or undergoing any course at present? Yes No	
lf yes, sta	, state the institution and course:	
Have you	you ever been dismissed from a school? Yes No	

FOR OFFICE USE ONLY Application Number:

20...../20..... Session

If yes, explain:	
Please give further details of disability/special need or information that would be	
Give any other information which you consider relevant to this application includi	ing honours and awards:
Section I: ABUAD Staff Members only Date of appointment: Present	
Comments on eligibility:	
Registrar's Signature:	Stamp:
Section J: Declaration	
I confirm that to the best of my knowledge, the information given in this form is c	correct.
I confirm that the documentation I have supplied with my application is genuine, a to withdraw any offer it may make, should any statement and/or credential in this	•
l hereby apply for enrolment and if accepted, l agree to comply with the standard University, Ado Ekiti, Nigeria.	d rules, regulations and ordinance of Afe Babalola
Applicant's own Signature:	Date:

Applicant's statement of purpose and clear photocopies of credentials **MUST** be attached

FOR OFFICE USE ONLY
Application Number:

20...../20..... Session

OFFICIAL USE ONLY

Tick as appropriate.	
	Available
Signed application form	
Personal statement	
Copy of degree certificate(s)	
Copy of O'Level/A'Level certificate(s)	
Copy of NYSC Discharge/Exemption certificate	
Copy of Professional certificate(s)	
Complete Referee Letters	
Original academic transcript(s)	
I	certify that I have carefully checked through this application and
supporting documents.	
	Signature & Date Secretary, CPGS

FOR OFFICE USE ONLY Application Number:



COLLEGE OF POSTGRADUATE STUDIES

REFEREE REPORT

APPLICANT'S NAME

PROGRAMME APPLIED FOR
This applicant has applied to the University for the programme shown above and has given your name as a referee. We would be grateful to receive, in confidence, your opinion of the applicant's suitability for the proposed course of study. Thank you for providing a reference.
Full name of referee:
Position: Department:
Institution:
Telephone number(s):
How long and in what capacity have you known the applicant?
Please comment on the applicant's personality (bearing in mind moral character, emotional and physical stability):
Please rank the applicant academically among students you have known or taught:
Please comment on the applicant's suitability to undertake postgraduate work in the proposed field (bearing in mind the following: intellectual ability, capacity for persistent and independent academic study, ability for imaginative thought):

Application Number:

20...../20..... Session

Please indicate by a brief statement, whether you consider the expression in the English language to enable him/her to cope	with the needs of his/her research in an
English-speaking University like ABUAD:	
Diagram and final constant the small control	
Please comment freely upon the applicant:	
Signature:	Date and Stamp:

FOR OFFICE USE ONLY Application Number:

20...../20..... Session



COLLEGE OF POSTGRADUATE STUDIES

APPLICATION GUIDING NOTE

- 1. Please complete the form in block letters.
- 2. All postgraduate applications are administered by the College of Postgraduate Studies.
- 3. Names **MUST** be those that appear on applicant's previous academic records. However, where there is a change, attach evidence such as:
 - (a) Court affidavit,
 - (b) Newspaper publication and;
 - (c) Marriage certificate (where applicable).
- 4. Name stated on the application form would be used throughout the programme and would appear on the certificate upon graduation.
- 5. No student is allowed to apply for more than one programme at the same time; a breach of this regulation would lead to an automatic cancellation of admission to the University.
- 6. Cases of impersonation, falsification of documents or giving false/incomplete information whenever discovered either at registration or afterwards, will lead to automatic cancellation of admission.
- 7. Applicants should ensure the **correctness** and **functional** email address of their three (3) referees. At least two of whom **must** be academic referee. Character references from friend/family is **not** acceptable.
- 8. **ONLY** original academic transcript **DULY** addressed to The Secretary, College of Postgraduate Studies, Afe Babalola University, Ado Ekiti is acceptable.
- 9. **ONLY** original O'Level certificate(s) is acceptable.
- 10. Notification of results issued more than two years is not acceptable.
- 11. WASSCE/NECO/A'LEVEL: All candidates must have minimum of five (5) credit passes at not more than two sittings which MUST include English Language and Mathematics.
- 12. **Statement of Purpose:** This is applicable to **ALL** postgraduate programmes. It is your opportunity to convey your motivation and enthusiasm for your chosen programme. Your statement should cover areas such as:
 - a. How you will apply your current skills, knowledge and experience to the course of study
 - b. Successes and achievements that are relevant to the course and show your aptitude for postgraduate study

FOR OFFICE USE ONLY Application Number:

20...../20..... Session

c. How the program fits into your career plans and ambitions

13. Submitting your application:

There are two main ways to submit your application:

- a. You may print the form, complete it by hand and post it to us at: The Secretary, College of Postgraduate Studies, Afe Babalola University, Ado Ekiti, Ekiti State, Nigeria.
- b. Alternatively, you can complete the form online and submit the form electronically.
- 14. Accommodation is available on first-come-first-served policy and is limited.
- 15. Applications received without **complete** supporting documents would not be processed.

YOU MUST BE PREPARED TO PROVIDE ORIGINAL DOCUMENTS AT THE TIME OF REGISTRATION