

CENTRE FOR INTERNATIONAL EDUCATION
UNIVERSITY OF ILORIN, ILORIN, NIGERIA
APPLICATION FORM FOR ADMISSION
(UNDERGRADUATE)

A. BACKGROUND INFORMATION

1. SURNAME:

(BLOCK LETTERS)

2. MIDDLE NAME:.....

3. FIRST NAME:.....

4. SEX MALE FEMALE

5. NATIONALITY

6. DATE OF BIRTH:
 D D M M Y YY YY

7. PERMANENT HOME ADDRESS:.....

8. E-mail:..... PHONE NO:.....

9. NAME AND ADDRESS OF NEXT OF KIN:.....

.....

10.PHONE NO. OF NEXT OF KIN:.....

11.CORRESPONDENCE ADDRESS (if it is different from the above)

.....

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B. ACADEMIC RECORDS

12. ACADEMIC QUALIFICATIONS:

a. PRIMARY EDUCATION:

i. Name of School:.....

DETAIL RESULT ('A'LEVEL)

(C) COURSE APPLICATION

DETAIL OF DESIRED COURSE - Please refer to the University prospectus to study the Available courses, scope, departments and schools.

1st Choice

Course Department Faculty

2nd Choice:

Course Department Faculty

If you are not considered for your 1st choice, are you willing to accept alternative course?

Yes

No

If your answer is yes, indicate alternative:

D. ENGLISH PROFICIENCY

On the scale of 1-5 (from lowest – highest) please provide an assessment for your proficiency in English Language.

	1	2	3	4	5	None
- Written English Reading	0	0	0	0	0	0
- Writing	0	0	0	0	0	0
Speaking	0	0	0	0	0	0

If none or low, are you prepared to undertake the one year immersion programme?

Yes No

E. UPLOAD OF CERTIFICATES

Please click the following links to upload scanned copies of your certificate.

1. Signature:..... Date: D D M M Y YY

F. FOR OFFICE USE ONLY

1. COMMENT OF DIRECTOR, CIE

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2. RECOMMENDATION FROM ADMISSION'S OFFICE

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3. APPROVAL OF VICE-CHANCELLOR

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