**UNIVERSITY OF MKAR, MKAR - NIGERIA**



**P. M. B. 017, GBOKO**

**BENUE STATE-NIGERIA**

**(OFFICE OF THE REGISTRAR)**

**SANDWICH PROGRAMME**

**UMM/REG/ACA/ADM/……**

 **FORM A**

**Application Form Number…….**

**…………………….Session**

**APPLICATION FORM FOR ADMISSION INTO**

**SANDWICH DEGREE PROGRAMME.**

1. Candidates are advised to read this form very carefully before filling the form.
2. Attach photocopies of all relevant certificates and other credentials should enumerated in candidates Application Form.
3. A photocopy of the cash receipt issued for purchase of the form must be attached to the front page of the application form.
4. The application number above should be quoted in all correspondences about the application.
5. Completed Application Forms should be returned to:

The office of Sandwich Coordinator University of Mkar,

Mkar;

P.M.B. 017,

Gboko,

Benue State – Nigeria

1. Envelopes returning completed Forms should be marked “Admission\_\_\_\_\_\_\_\_\_\_\_\_\_ Session” to reach him not later than\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Personal Details**
3. Surname:………………………………………………………………
4. Other names:……………………………………………………………

*First name Other names*

*(Attach proofs if names have changed)*

1. Sex:……………………….. (iv) Marital Status:………………………

V Maiden name:………………………………………………………….

 (*For married woman only*)

Vi Current address or place of work (if applicable):…………………………

 …………………………………………………………………………..

1. Contact address:…………………………………………………………..

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1. Permanent home address:…………………………………………………

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1. Date of Birth:…………(x) Nationality:…………(xi) Religion:…………
2. State of Origin:……..........(xiii) Local Government:……………………..

 *(Nigerian only)*

Xiv. Name and address of Guardian or Next of Kin (to be contacted in case of emergency):……………………………………………………………….

 …………………………………………………………………………….

1. **Choice of Course:**

1st Choice Course:………………………………………………………….

2nd Choice Course:…………………………………………………………

1. **Academic Records:**
2. Names and address of post primary institutions attended:

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| --- | --- | --- | --- | --- |
| **S/No** | **Name and Address of Institution** | **From**  | **To**  | **Qualification obtained** |
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Attach Photocopies of your credentials

1. Examinations passed:
2. **Senior Secondary School Certificate (SSCE)**

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| **Exam No.** | **Subjects** | **Grade** | **Year**  |
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1. **General Certificate in Education GCE (Ordinary Level)**

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| **Exam No.** | **Subjects** | **Grade** | **Year**  |
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1. **Grade II Teachers’ Certificate Examination**

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| **Exam No.** | **Subjects** | **Grade** | **Year**  |
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1. **Nigerian Certification in Education NCE**

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| **Major Subjects** | **Grade** | **Year**  |
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| **Minor Subjects** |  |  |

1. **Other Qualifications**

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| **Name of Qualification** | **Subjects** | **Grade** | **Year**  |
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1. **Attestation/Referee:**

Names of two distinguished personality other than your blood relations who can attest for you, one of which must be the Pastor, Rev. Father, Imam/Others of your place of worship if any.

1. Name:………………………………Address:…………………………….

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GSM/Phone (if any):………………………………………………………

1. Name:……………………………….Address:…………………………………………………………………………………………………………..

GSM/Phone (if any):……………………………………………………....

1. **Declaration**

I …………………………………………hereby solemnly denounce cultism and its membership and declare that the information given in this form is to the best of my knowledge and believe correct. Any false or incomplete information given in this form will automatically disqualify me from being considered for admission or continuing with any course of study in the University. If admitted, I shall be bound by the ordinances, status and regulations of the University.

Date:……………………………………Signature:…………………………..

**FOR OFFICIAL USE ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| **S/No** | **Particulars** | **Signature of Officer** | **Date**  |
| i. | Date of Receipt of form |  |  |
| ii. | Receipt No. of Application Fees |  |  |
| iii. | Acknowledgement Sent |  |  |
| iv. | Entry in computer |  |  |
| v. | Result communicated |  |  |