



MICHAEL AND CECILIA IBRU UNIVERSITY

AGBARHA-OTOR

P.M.B 100, UGHELLI

DELTA STATE, NIGERIA

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**AFFIX
RECENT
PASSPORT
PHOTO
HERE**

Telephone: 09029098671, 08034190637, 08035387495, 07082432499

**APPLICATION FORM FOR ADMISSION FOR THE
2017/2018 ACADEMIC SESSION**

SURNAME IN FULL: _____
(Official Evidence of change of name must be provided if any)

OTHER NAMES: _____

FACULTY: _____

DEPARTMENT: _____

COURSE: (1ST Choice) _____

COURSE: (2nd Choice) _____

FOR OFFICIAL USE ONLY Date Application Form was Issued: _____ Receipt No.: _____ Date: _____ Application Fee Paid: _____ Date: _____ Officer Sign./Date: _____ Date: _____ Exam No.: _____	Passport Photographs (12)	
	Receipt of Purchase of Admission Form	
	Photocopies of Credentials (Results)	
	Birth Certificate/Age Declaration	
	Local Government of Origin	
	Attestation Letter (2 copies) from either a Lawyer/Clergy/Civil Servant.	

NOTE:

The form is to be completed and returned with the documents indicated above.

• **PERSONAL DATA:**

SURNAME: _____

OTHER NAMES: _____

DATE OF BIRTH: _____

GENDER: _____

MARITAL STATUS: _____

ANY DISABILITY: _____ (IF YES STATE) _____

RELIGION: _____

NATIONALITY: _____

STATE OF ORIGIN:

LOCAL GOVERNMENT AREA: _____

GSM NUMBER: _____

• **OTHER PERSONAL DETAILS**

PERMANENT HOME ADDRESS _____

PARENT'S NAME: FATHER _____

MOTHER _____

PARENT'S ADDRESS: _____

GSM NUMBER: _____

SPONSOR'S NAME: _____

SPONSOR'S ADDRESS: _____

GSM NUMBER: _____

ACADEMIC RECORDS

INSTITUTION ATTENDED WITH DATE:

S/N	NAME OF INSTITUTION	PERIOD		QUALIFICATION OBTAINED
		FROM	TO	

WASC/GCE (O/LEVEL/SSCE/NECO)

1ST SITTING/YEAR.....

2ND SITTING/YEAR.....

S/N	SUBJECTS	GRADE	S/N	SUBJECTS	GRADE
1			1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		

Examination No.: _____ Examination No.: _____

JAMB NO.: _____ JAMB CENTRE: _____ JAMB SCORE: _____

DECLARATION AND UNDERTAKING

I, _____ do hereby declare that the particulars stated in this form and photocopies of my credential(s) attached are to the best of my knowledge and belief to be correct, and I also understand that withholding any information and/or giving false information may make me ineligible for registration/matriculation or lead to my expulsion from this University.

FOR OFFICIAL USE

Remarks:..... Details of Document Received:..... Officer's Name, Sign & Date:.....
