



# UNIVERSITY OF IBADAN CONSULTANCY SERVICES UNIT

(A division of UI Ventures Ltd.)

7 Ekenemi Road, Behind University Health Service (Jaja) University of Ibadan, Ibadan, Oyo State.

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## ADMISSION APPLICATION FORM

*Please attach 2 Passport Photograph and all Academic & Professional Credentials including Certificate of Origin and Birth*

### 1. PLEASE ANSWER ALL QUESTIONS.

(a) Are you applying as fresh student? [ ] or on Recognition of previous learning [ ]

(b) Have you been previously enrolled with University of Ibadan? Yes [ ] or No [ ]

(c) If Yes, Please print your student number.....

(d) Which course do you wish to enroll for?.....

Choose from list of Available courses.

1. Business Administration and Management
2. Accounting
3. Banking and Finance
4. Public Administration
5. Logistic and Transport management
6. Purchasing and Supplying management
7. Marketing management
8. Industrial Environment, Health and Safety Mgt

9. Human Resources Management
10. Customer Relationship Management
11. Store and warehousing management
12. Inventory and materials management
13. Production Management.
14. Project Management
15. Industrial Economics
16. I.C.T Management
17. Political Science
18. Educational Management
19. Mass Communication

### 2. PERSONAL DETAILS

Title (Mr, Mr, Miss) Surname..... First Name..... Other Names.....

Address.....

Date of Birth..... Telephone.....

Email.....

Nationality..... State of Origin.....

L.G.A..... Place of Birth.....

Religion .....

### NEXT OF KIN

Name.....

Relationship with student.....

Address.....

Telephone.....

## HEALTH STATUS

Do you have any impairment? Yes [ ] No [ ]

If Yes, specify the type of impairment..... and indicate how long you have been impaired.....

Are you disabled? Yes [ ] No [ ]

If Yes, specify the type of disability..... and indicate how long you have been disabled.....

## 3. HIGHER EDUCATION QUALIFICATION

Where possible please attach copies of degrees, certificate e.t.c.

Highest Qualification gained..... Institution.....  
from year..... to year.....

## 4. SECONDARY EDUCATION QUALIFICATION

Qualification..... Studied at..... from year..... to year.....

## 5. PROFESSIONAL MEMBERSHIP QUALIFICATION

1. Name of professional institute (If any).....

Membership Number..... Grade.....

2. Name of professional institute.....

Membership Number..... Grade.....

## 6. EMPLOYMENT DETAILS IF EMPLOYED.

Company Name..... Date Appointed.....

Company Address.....

Company's Telephone Number..... Email.....

Website of the organisation.....

Total employees..... Name of immediate supervisor .....

Nature of Business.....

## 7. DECLARATIONS OF THE APPLICANT.

I hereby certify that the above information provided in this application form is complete and correct. I agree that University of Ibadan Consultancy may verify the details of my qualifications and that my admission should be withdrawn if discovered that I used forged certificate in this application form. I undertake to abide by all the statutes, by-laws, rules, regulations and instructions of the university and shall pay all fees and dues for the course that I am applying for.

\_\_\_\_\_  
SIGNATURE

## 8. COMPILATION OF CREDENTIALS AND APPLICATION FORM

Forms should be submitted to the University of Ibadan Consult, through our training partner.



**JOINT DISTANCE STUDIES ACADEMY**

**FOR OFFICIAL USE ONLY**

FORM CHECKED BY:

ALL DOCUMENT COMPLETED?

Officer's signature