

A Quest for Head Start Education in Service to God and Humanity

DAY & BOARDING SCHOOL

92 Adetokunbo Ademola **?** Crescent, Wuse II, Abuja.

0705 715 3104 0803 311 3304 0703 260 8988

www.olumawu.org.ng

## UNIVERSITY PATHWAYS PROGRAMME APPLICATION FORM

APPLICATION FORM	
<ul> <li>INSTRUCTIONS</li> <li>1. This form should be filled in capital letters.</li> <li>2. Completed application form should be returned to the admission office with the following: <ul> <li>i) 2 passport photographs, ii) Copy of birth certificate, iii) Copy Passport Photo Page, iv) Copy of WASSCE /NECO SSCE /IGCSE Result &amp; v) Transcript from</li> </ul> </li> </ul>	No.:  Passport Photograph
current school.  3. Please tick ✓ as appropriate	(2 copies)
SEMESTER & MONTH OF PROPOSED ENTRY	
IUFP	
APPLICANT'S DETAILS	
1. NAME:	OTHER NAMES
2. GENDER: 3. DATE OF BIRTH: DD / MM / YY 4. STATE OF ORIGINAL OF ORIGINA ORIGINAL OF ORIGINAL OF ORIGINAL OF ORIGINAL OF ORIGINAL OF ORIG	GIN:
7. NATIONALITY:	

## SCHOOLS ATTENDED IN THE LAST 3 YEARS

SCHOOL	ADDRESS	PERIOD	CLASS
l.			

9. SPECIALLY ABLED: YES NO IF YES, PLEASE DESCRIBE:

## **RESULTS WITH GRADES IF APPLICABLE**

		GRADES		
No.	SUBJECT	WASCE	NECO	IGCSE
1				
2				
3				
4				
5				
6				
7				
8				
9				

PARENTS/GUARDIAN INFORMATION		
N) FATHER'S NAME:		
OCCUPATION:	PLACE OF WO	DRK:
HOME ADDRESS:		
CITY/TOWN:	- STATE:-	DISTRICT (FOR FCT)
OFFICE ADDRESS:		
TELEPHONE:		EMAIL:
MOTHER'S NAME:		
OCCUPATION:	PLACE OF WO	DRK:
HOME ADDRESS:		
CITY/TOWN:	- STATE:-	DISTRICT (FOR FCT)—
OFFICE ADDRESS:		
TELEPHONE:		EMAIL:
C) GUARDIAN (IF GUARDIAN SHALL BE RESPON		•
NAME:		
HOME ADDRESS:		
OFFICE ADDRESS:		
TELEPHONE:		
MAILING ADDRESS:		
CITY/TOWN:	– STATE:———	DISTRICT (FOR FCT)
PARENT/GUARDIAN'S SIGNATURE		DATE
PROPOSED DEGREE PATHWAY:		
1) ACCOUNTING/BANKING/BUSINESS/ECON	OMICS/FINANCE	MANAGEMENT PATHWAY
2) COMPUTING/INFORMATION SYSTEM/MATE	HEMATICS PATHV	/AY
3) ENGINEERING PATHWAY	,	
4) LAW/BUSINESS & CRIMINOLOGY PATHWAY		Ц
5) SOCIAL SCIENCES PATHWAY  6) MEDIA & CULTURAL STUDIES PATHWAY		
7) MEDICAL SCIENCES PATHWAYS		
8) LIFE SCIENCES/PHARMACY/NURSING PATH	IWAY	Ï
9) LINGUISTICS & MORDEN LANGUAGE PATH		

PROPOSED UNIVERSITY TO WHIC	CH YOU W	ISH TO APPLY (SELECT THREE 3)	
MIDDLESEX UNIVERSITY		UNIVERSITY OF GREENWICH	
ST. MARY'S UNIVERSITY LONDON		UNIVERSITY OF HERTFORDSHIRE	
IF YOUR UNIVERSITY OF CHOICE  1		PECIFIED ABOVE, PLEASE INDICATE S	SAME BELOW
2			
3			
APPLICANT'S SIGNATURE		DATE	
HOW DID YOU GET TO KNOW ABOUT O	DLUMAWU	UNIVERSITY PATHWAYS? (Please Tick ✓)	
A) School Website  B) Friend	(1	C) Relative	(Name)
D) Internet/Social Media   E) Staff of O	lumawu Sch	ool [	
F) Others (please indicate)			
	FOR	OFFICIAL USE	
ADMISSION No.:			
DATE:			
APPLICATION No.:			
SESSION:		_	