



OFFICE USE ONLY.

Cert/degree admitted \_\_\_\_\_

School year; \_\_\_\_\_ session. STUDENTS/No \_\_\_\_\_

*The University of America*  
*College of Science and Technology*  
*Fct study centre*

**Programmes Admission Application Form**

Plot A6, H and J, Estate,  
Cadastral Zone, C07.

Sahara Phase 2, Galadimawa District FCT, NIGERIA.

Phone: 09069022260, 08183102864

Email: uapolyabuja@gmail.com Facebook: uapolyabujacampus

DATE-----/-----/-----

CERTIFICATE/DEGREE PROGRAM WHICH YOU ARE APPLYING;

\_\_\_\_\_

COURSE: \_\_\_\_\_

YOUR FULL LEGAL NAME (LAST) \_\_\_\_\_ (first) \_\_\_\_\_

middle \_\_\_\_\_ OTHER \_\_\_\_\_

INTERNATIONAL PASSPORT NUMBER

A \_\_\_\_\_ COUNTRY \_\_\_\_\_ EXPIRES \_\_\_\_\_

RELIGION; \_\_\_\_\_

CAMPUS APPLYING FROM USA \_\_\_ OTHER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

GENDER---M—F MARRIED --YES, NO-- PLACE OF BIRTH \_\_\_\_\_

US CITIZEN ? \_YES, NO\_\_\_

ON VISA? YES\_ NO\_ VISA TYPE \_\_\_\_\_ VISA EXPIRE DATE \_\_\_\_\_

COUNTRY OF BIRTH \_\_\_\_\_

CURRENT ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PERMEMENT ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONTACT TELEPHONE-@-HOME \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL; \_\_\_\_\_

Students 25 years old and below must provide the university with their parents information below;

PARENTS FULL NAME; FATHER \_\_\_\_\_

PARENTS FULL NAME; MOTHER \_\_\_\_\_

PARENTS OCCUPATION \_\_\_\_\_ PARENTS PHONE

NUMBERS; HOME \_\_\_\_\_ WORK \_\_\_\_\_

PARENTS CELL \_\_\_\_\_

PARENTS ADDRESS \_\_\_\_\_

PARENTS E-MAIL ADDRESS \_\_\_\_\_

ANY DISABILITY OR HEALTH CONDITION, DESCRIBE----- SPEECH PROBLEM OR  
LEARNING DISABILITY \_\_\_\_\_

IN THE CASE OF AN EMERGENCY WHO DO YOU WANT THE SCHOOL TO CONTACT;-

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

RELATIONSHIP TO YOU \_\_\_\_\_

TELEPHONE \_\_\_\_\_ CELL \_\_\_\_\_

LANGUAGES YOU READ AND WRITE IN \_\_\_\_\_

### EDUCATION AND TRAINING

NAME OF THE PRIMARY/ ELEMENTARY SCHOOL YOU ATTENDED;

FROM \_\_\_\_\_ TO \_\_\_\_\_ NAME AND FULL ADDRESS OF SCHOOL;

\_\_\_\_\_

CERTIFICATE RECEIVED \_\_\_\_\_ DATE \_\_\_\_\_

HIGH SCHOOL/SECONDARY SCHOOL

FROM \_\_\_\_\_ TO \_\_\_\_\_ FULL NAME AND ADDRESS OF THE SECONDARY SCHOOL YOU ATTENDED  
SCHOOL \_\_\_\_\_

\_\_\_\_\_

CERTIFICATE/ DIPLOMA AWARDED \_\_\_\_\_ DATE \_\_\_\_\_

**COLLEGE/UNIVERSITIES ATTENDED**

NAME AND FULL ADDRESS OF THE COLLEGE \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_ MAJOR SUBJECT \_\_\_\_\_

DEGREE /DIPLOMA AWARDED \_\_\_\_\_

GRADUATION DATE \_\_\_\_\_

COLLEGE/UNIVERSITY \_\_\_\_\_

\_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_ MAJOR Subject \_\_\_\_\_

DEGREE/ DIPLOMA AWARDED \_\_\_\_\_

GRADUATION DATE \_\_\_\_\_

COLLEGE/UNIVERSITY \_\_\_\_\_

\_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_ MAJOR SUBJECT \_\_\_\_\_ MINOR \_\_\_\_\_

DEGREE/DIPLOMA AWARDED \_\_\_\_\_

GRADUATION DATE \_\_\_\_\_

RETURN THIS APPLICATION WITH 4 MOST CURRENT PASSPORT COLOR PICTURES (2) ALL CERTIFICATES , DIPLOMAS OR ,HIGH SCHOOL DIPLOMA, OR GED (3) JAMB SCORE (4) WRITE A HAND-WRITTEN LETTER EXPLAINING WHY YOU WISH TO STUDY AT THE UA (4) N6000 NON-REFUNDABLE PROCESSING FEES.

I \_\_\_\_\_ BY SIGNING BELOW, HAVE ACKNOWLEDGED THAT I HAVE PERSONALLY OBTAINED AND READ THE UA'S BROCHURE CONTAINING ALL ITS PROGRAMS AND HAVE ALL MY QUESTIONS ANSWERED BEFORE I PROCEEDED WITH THIS APPLICATION, I HAVE READ AND UNDERSTAND THE REFUND POLICY, STUDENTS ADMISSION AND ACADEMIC POLICIES, AND I ALSO UNDERSTAND THAT BELONGING TO A GANG, CULT ,EXAM MALPRATICE,LATE TO CLASS, UN EXCUSED ABSENTISM ,TARDNESS, RIOTING, FIGHT, DISRESPECTING A LECTURER OR ANY UA PERSONNEL ,DISRUPTING THE CLASS,OR BEING CAUGHT OR ARRESTED IN ANY VICES OF ANY MORAL TURPITUDE e.g. THEFT, ARMED ROBBERY, PROSTITUTION, MURDER,TRIBALISM, ARSON AND TERRORISM, FALSIFICATION OF ACADEMIC RECORDS,FRAUDULENT CERTIFICATE ET CETERA, WILL RESULT IN IMMEDIATE TERMINATION, CANCELLATION AND WITHDRAWAL OF MY ADMISSION AND MY BEING A STUDENT OF UA WITHOUT ANY REFUND.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

YOUR FULL NAME \_\_\_\_\_

WITNESS; FULL NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

OFFICE USE ONLY

THE UA'S REGISTRAR                      REGISTRATION PAID, --- NOT PAID---ATTACH PROOF

SIGNATURE \_\_\_\_\_

UA STAMP OR SEALFULL

NAME \_\_\_\_\_

HERE

PAGE 5 OF 5 . END OF DOCUMENT; NOTHING BEYOND THIS POINT