

UNIVERSITY OF MKAR, MKAR – NIGERIA

P.M.B. 017, GBOKO
BENUE STATE – NIGERIA
(OFFICE OF THE REGISTRAR)

UMM/REG/ACA//A/05/01

FORM A

Application Form No.....

..... Session

**APPLICATION FORM FOR ADMISSION INTO
UNDERGRADUATE DEGREE PROGRAMME**

- i. Candidates are advised to read this form very carefully before completing it.
- ii. Attach photocopies of all relevant certificates and other credentials as enumerated in candidates' Application Form.
- iii. A photocopy of the cash receipt issued for purchase of the form must be attached to the front page of the Application Form.
- iv. The application number above should be quoted in all correspondences about the application.
- v. Completed Application Forms should be returned to:
The Registrar,
University of Mkar,
Mkar,
P.M.B. 017
Gboko,
Benue State – Nigeria
- vi. Envelopes returning completed Forms should be marked "Admission _____ Session" to reach him not later than _____

A. Personal Details

- i. Surname:.....
- ii. Other names:.....
First name Other names
(Attach proofs if names have changed)
- iii. Sex:..... (iv) Marital Status:.....
- v. Maiden name:.....
(For married women only)
- vi. Current address or place of work (if applicable):.....
- vii. Contact Address:.....
- viii. Permanent home address:.....
- ix. Date of Birth:..... (x) Nationality:..... (xi) Religion:.....

(b) General Certificate in Education GCE (Ordinary Level)

| Exam No. | Subject | Grade | Year |
|-----------------|----------------|--------------|-------------|
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(c) Grade II Teachers' Certificate Examination

| Exam No. | Subject | Grade | Year |
|-----------------|----------------|--------------|-------------|
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(d) Nigerian Certificate in Education (NCE)

| Major Subjects | Grade | Year |
|-----------------------|--------------|-------------|
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| | | |
| Minor Subjects | | |
| | | |

(e) Other Qualifications

| Name of Qualification | Subject | Grade | Year |
|------------------------------|----------------|--------------|-------------|
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E. Attestation/Referees:

Names of two distinguished personalities 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.

a. Name:..... Address:.....
.....

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

b. Name:..... Address:.....
.....

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

F. 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 belief 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 | | |
| ii. | Receipt No. of Application Fees | | |
| iii. | Acknowledgement Sent | | |
| iv. | Entry in Computer | | |
| v. | Result communicated | | |

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FORM B

Application No.

To be completed by the applicant and returned with the dully completed form.

Applicant's name:.....

Address:.....
.....
.....

Dear Sir/Madam/Mallam,

ACKNOWLEDGEMENT

Your application for admission into the Degree programme for the Session has been received and is being processed.

Any changes in your mailing address before October _____ should be promptly communicated to this office indicating the relevant changes.

Yours faithfully,

Registrar.