### UNIVERSITY OF NIGERIA, NSUKKA OFFICE OF THE REGISTRAR (ADMISSIONS)

#### Staff Request Form

#### 2020/2021 ADMISSIONS: UNDERGRADUATE REGULAR PROGRAMME

#### Note:

- Only one copy of this form is to be completed and submitted to the Admissions Office by a bona fide staff, either on behalf of himself/herself, his/her spouse or biological child on or before 23 April, 2021.
  Only Regular staff members of the University are eligible to apply.
- Only Regular staff members of the University are eligible to apply.
  Applicants are to have only Sections A, B and C completed.

Bank Draft Number:\_\_\_\_\_

#### **SECTION A:**

Total (100%)

1.					
	(Surname First)		(Other Names)		
2.	JAMB REG. NO.:				
3.	UTME SCORE (400): PUTME SCORE (400) AVERAGE SCORE:				
	Subjects	score			
	1. ENG 2. 3. 4. Total (100%)				
4.	Choice of University		Faculty	Department	
	1 <sup>st</sup> UNN				
	2 <sup>nd</sup>				
5.	Photocopy of UNN PUTME	or DIRECT ENTRY Re	sult slip must be attached to	this form	
SECT	<b>FION B: (To be completed by</b>	staff)			
1.	Name of Staff (Parent/Staff)				
2.	Department:				
3.	Date of 1 <sup>st</sup> Appointment to the University of Nigeria:				
4.	Number of Years served:				
5.	Relationship of the candidate	e to the staff (spouse/chil	d/staff):		
6.	Staff File No:				
SECT	FION C: (Direct Entry Candi	dates)			
	Subjects 1. English 2. 3. 4.	Score			

1.	(Sumana finat)	(Other Names)	
	(Surname first)	(Other Names)	)
2.	JAMB Reg. No.:		
3.	Choice of University	Faculty	Department
	1 <sup>st</sup> UNN 2 <sup>nd</sup>		

4. Direct Entry Qualifications, list subject and grade of certificate as appropriate

Subject/Course	Grade				
	A' Level	HD	NCE	Degree	Others

**SECTION D:** (To be completed by Head of Department and countersigned by Dean of the Faculty of the staff (for Academic Unit only)

I hereby certify that \_\_\_\_

is a staff of the Department of \_\_\_\_\_

That he/she is a confirmed staff of the university. I affirm that the information given above is true

Name of Dean of Faculty

Name of Head of Department

Signature of Dean of Faculty Date and Official Stamp Signature of Head of Department Date and official stamp

SECTION E: (To be completed by the Registrar in charge of Personnel Services Unit)

1. I hereby certify as follows:

That Prof/Rev/Dr/Mr/Mrs/Miss \_\_\_\_\_\_ Is a confirmed staff of the University.

2. That the candidate for admission is the biological child/spouse of the staff

Yes ( ) No ( ) Tick as appropriate

3. Any other information: \_\_\_\_\_

Name of officer in full:	 Signature:	

Date with official stamp: \_\_\_\_\_

NB: Please note that completed forms received after the deadline of October 04, 2015 will not be processed.

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## Admission Shopping/Advert slip

Faculty:

Department:

Course Shopping into:

Name:

Sex:

State of Origin:

JAMB Reg. No.:

1<sup>st</sup> choice University:

1<sup>st</sup> Choice Course

Screening Score (400):

UME Score (400):

Average Score:

Bank: