

Attach **Passport** Here

APPLICATION FOR UNDERGRADUATE ADMISSION: SECTION A

Proposed Course of Study (e.g. B.Sc. Economics) Mode of Entry: UTME [] 20....../20...... SESSION Please select from the list of courses below 1st Choice Course: 2nd Choice Course: FACULTY OF ARTS, SOCIAL AND MANAGEMENT SCIENCES B.Sc. Accounting B.Sc. Economics B.Sc. Business Administration B.Sc. Criminology and Security Studies B.Sc. Industrial Relations and Personnel Management B.Sc. Actuarial Science B.Sc. Mass Communication FACULTY OF COMPUTING AND APPLIED SCIENCES B.Sc. Cyber Security B.Sc. Computer Science B.Sc. Biochemistry B.Sc. Biotechnology B.Sc. Microbiology B.Sc. Software Engineering B.Sc. Physics with Electronics B.Sc. Industrial Chemistry Full Name: _____ Contact Address:___ Candidate's GSM Phone No: ______ Date of Birth: _____ Gender: M _____LGA: _____ Nationality: Marital Status:: _____ Maiden Name (If married):_____ Email: Full Names of Parents/Guardian: _____ Contact Address:: Father's/Guardian's GSM No: ______ Mother's GSM No: _____

 Religion:
 _______ Denomination:
 ______ Church:

APPLICATION FOR UNDERGRADUATE ADMISSION: SECTION B

DECLARATION: I		solemnly declare that all the
information provided by me above is correct a	and true. I, therefore, acc	cept responsibility for any inaccuracies
and/or falsification which Dominion University	/ Senate may discover an	nd consider grave enough to lead to the
termination of my studentship at any time du		
awarded based on the information. I also pro	mise to abide by all rules	s and regulations.
NAME	SIGNATURE	DATE
Counter-signed by Parents/Guardian:		
l,		(full name) certify that I am the
to	100,007	(state relationship and full name of
candidate). I confirm the information given in	Section A above by the c	andidate and also endorse the declaration
made by him/her in Section B.		
NAME	SIGNATURE	CONTACT NUMBER
_		
PLEASE PROVIDE REFERRAL DETAILS		
Who introduced the University to you? I	DU Staff:	ADMISSION PARTNERS:
Others: G	ive details of the nerson wh	ho introduced DU to you.
Others:G Name Telephone Number:	Email Address:	

TO COMPLETE THIS APPLICATION, SEND THE FILLED COPY OF THIS

APPLICATION FORM TO THIS EMAIL: admissions@dominionuniversity.edu.ng