

Affix a recent passport photograph of Parent/Sponsor here. The reverse side of the photograph should contain full name and signature of Parent/Sponsor

Affix a recent passport photograph of Child/ward here. The reverse side of the photograph should contain full name and signature of Child/ward

The Registrar,
Dominion University,
City of Faith,
KM 24, Ibadan-Lagos Expressway,
Ibadan, Oyo State, Nigeria.

Dear Sir,

LETTER OF UNDERTAKING (PARENT/GUARDIAN/SPONSOR)

I, hereby undertake that my ward,
(Name of parent/sponsor)
....., offered provisional admission into your University for the Degree in
..... Programme for the 2025/2026 academic session shall be of good behavior
and shall comply with the rules and regulations of the University.

He/She shall not in any way bring the name of the University into disrepute in and/or outside the University campus through his/her acts and actions.

I also undertake to accept in good faith whatever disciplinary measure the University takes on my child/ward in the event that he/she contravenes its rules and regulations, and to pay their fees as Scheduled until Graduation.

NAME OF PARENT/GUARDIAN/SPONSOR:

ADDRESS:
.....
.....

TELEPHONE NO:

EMAIL ADDRESS

SIGNATURE:

DATE:

Affix a recent passport photograph of Guarantor here. The reverse side of the photograph should contain full name and signature of Guarantor

The Registrar,
Dominion University,
City of Faith,
KM 24 Ibadan-Lagos Expressway,
Ibadan, Oyo State, Nigeria.

Dear Sir,

LETTER OF UNDERTAKING (CLERGY/CLERIC/SENIOR PUBLIC SERVANT GL 13 AND ABOVE)

I,, hereby guarantee that

(Name of Clergy/Cleric/Civil/Public Servant)

....., offered provisional admission into your

(Name of candidate)

University for theProgram for the 2025/2026 session , shall be of good
behaviour and shall comply with the rules and regulations of the University.

He/She shall not in any way bring the name of the University into disrepute in and/ or outside the University campus
through his/her acts, actions, and/or inactions.

He/She shall accept in good faith whatever disciplinary measure the University takes on him/her if the University
rules and regulations are contravened.

NAME OF PASTOR/CLERIC/PUBLIC SERVANT (on GL 13 and Above).....

ADDRESS OF CHURCH/MOSQUE/OFFICE:.....
(P.O.BOX NOT ACCEPTED)

.....
.....

TELEPHONE NO:

EMAIL ADDRESS.....

SIGNATURE:

DATE:

**DOMINION UNIVERSITY
CITY OF FAITH
KM 24, IBADAN-LAGOS EXPRESSWAY
IBADAN, OYO STATE**

Affix a recent
passport photograph
of candidate here.
The reverse side of
the photograph
should contain full
name and signature
of candidate.

ACCEPTANCE OF OFFER FORM

(to be completed in duplicate)

Name of Candidate:

Contact Address:

.....

.....

Phone Number:

With reference to your letter of offer of Provisional Admission into the Degree in

Programme in the Department of for the 2025/2026 academic session dated I

wish to inform you that I accept the provisional offer of admission to Dominion University for the Programme.

.....
Signature of Candidate

.....
Date

Declaration

I solemnly declare that with this acceptance I will faithfully comply with all the rules and regulations which may, from time to time, be issued by the University.

I equally accept that should I be found wanting in character, the University reserves all the right to take appropriate disciplinary measures against me.

.....
Signature of Candidate

.....
Date

Note

1. Failure to forward to the University this acceptance letter after resumption may lead to forfeiture of the offer.
2. This form should be forwarded with a copy of receipt of payment of the acceptance fee.
3. All payments to the University must be made payable through Dominion University Students' Portal (visit www.portal.dominionuniversity.edu.ng/apply.php to create students portal account.)
4. The minimum required payment of the school fees must be made before any student can be registered and allowed into the hall of residence.

**DOMINION UNIVERSITY
CITY OF FAITH
KM 24, IBADAN-LAGOS EXPRESSWAY
IBADAN, OYO STATE**

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**DECLARATION FORM
(To be completed in duplicate)**

Name of Candidate:
(Surname) (Other Names)

Contact Address of Parent/Sponsor:

Telephone No:

E-mail:

Please study carefully before completing and signing the Declaration.

1. Are all the credentials presented to the University valid and genuine? (Yes/No)
2. (i) Have you attended any other tertiary institution before? (Yes/No)
(ii) If yes, state (a) name of the Institution
3. If the answer to (2) above is 'Yes', did you complete your program? were you expelled, dismissed, suspended, rusticated, or asked to withdraw?.....
4. If you left the institution for any of the reason(s) stated in (3) above except program completion, give reasons for your expulsion, dismissal, suspension, rustication or withdrawal.....
5. If the answer to (3) above is 'No' state any other reason(s) why you left your former institution e.g. voluntary transfer, change of course etc.
6. Have you ever belonged to a Secret Cult/Society? (Yes/No)
7. If yes, have you renounced your membership? (Yes/No)

Declaration

Isolemnly declare that all the above information given by me, are to the best of my knowledge, correct and true. I also accept that should the university discover anything to the contrary, my studentship should be terminated.

Name of Candidate:

Signature

Date:

IN THE HIGH COURT OF JUSTICE:

IN THE JUDICIAL DIVISION

HOLDEN AT

AFFIDAVIT OF NON-MEMBERSHIP OF UNREGISTERED CLUB

I, Male/Female, Nigerian, Christian/Muslim, a Student of Dominion
University, Ibadan in the Department of.....
Faculty of

Make oath and solemnly swear as follows:

- 1. That I do not belong to any cult group or unregistered club within or outside the University.
- 2. That I will not associate with, or be a member of a cult group or unregistered club.
- 3. That I will report to the University authority any act, of any cult group or an unregistered club that comes to my notice.
- 4. That if at any time during the continuance of my studies in this University it is discovered that I am a member of or have joined any such club or participated in any way, in the activities thereof, I shall submit to the decision of the University authority to determine the status of my studentship.
- 5. That I will always abide by the Rules and Regulations of the University for the duration of my studentship and if I contravene any of the rules and regulations, I shall accept in good faith whatever action the University takes in respect of such contravention.
- 6. That I swear to this affidavit in good faith and in accordance with the relevant Oaths Laws of the Federation of Nigeria 1990.

SWORN to at the High Court Registry

This day of

.....
DEPONENT

BEFORE ME

.....
COMMISSIONER FOR OATH

**DOMINION UNIVERSITY
CITY OF FAITH
KM 24, IBADAN-LAGOS EXPRESSWAY
IBADAN, OYO STATE**

OPERATIONAL GUIDELINES OF DOMINION UNIVERSITY CLINIC

1. The Dominion University Clinic is a primary health care center and not a secondary or tertiary health facility. The Clinic render the following services to students from time to time:
 - i. Health Education
 - ii. Out-patient services and Laboratory services
 - iii. Minor surgical procedures
 - iv. Emergency medical treatment
 - v. Referral services
 - vi. Observation of patients

Having read the above information, I solemnly declare as follows:

1. That students who leave the campus on account of illness are requested to furnish the DU Clinic with a copy of his/her medical report for certification on return.
2. That Dominion University does not fund any treatment administered on students outside its campus or on referral to another healthcare provider.
3. That possession and or use of unprescribed or illegal drugs are prohibited by the University.
4. That each student shall submit him/herself to a drug, alcohol and or substance test at any time deemed appropriate by the University and
5. That the University reserves the right to sanction any student who violates the rules and regulations of the University on submission to a drug, alcohol and or substance test or their use, including expulsion as contained in Chapter 16 of the Student Information Handbook.

DECLARANT

NAME OF CANDIDATE:

PROGRAMME:

DEPARTMENT:

MATRIC. NO:

TELEPHONE NO:

SIGNATURE & DATE:

**DOMINION UNIVERSITY
CITY OF FAITH
KM 24, IBADAN-LAGOS EXPRESSWAY
IBADAN, OYO STATE**

HOSTEL ACCOMMODATION UNDERTAKING

This is to certify that I have accepted the accommodation given to me by the University, and agree that the facilities are in good condition and contain the following items:

- a) Bed, Mattress & Pillow
- b) Door lock and key
- c) Ward Robe with door and key
- d) Window and Net
- e) Toilet Seat and Tank
- f) Shower and Tap

- That: (i) I undertake to keep them in good condition, failing which I shall indemnify the University in case of damage by effecting necessary repairs myself as approved by University Management, using University artisans or paying the official fine to Dominion University Bank a/c as charged.
- (ii) I also declare to abide by the rules and regulations guiding hostel accommodation as contained in the Students Information Handbook, as well as other rules that may be made from time to time.

Name of Student: _____

Faculty: _____

Department: _____

Matric Number: _____

Level: _____

Room Number: _____