APPLICATION FOR ADMISSION INTO
SCHOOL OF NURSING
UNIVERSITY OF ILORIN TEACHING HOSPITAL
P.M.B 1459, ILORIN, KWARA STATE.

2015 / 2016 Academic Session

EXAM NO. ____________________  FORM NO. ____________________

Use Capital Letters

1. NAME IN FULL……………………………………………………………………………………………………
   (Surname First)

2. SEX……………………..MARITAL STATUS……………………………………………………………………

3. DATE OF BIRTH……/……/……. AGE…… MAIDEN NAME………………………………………………

4. CONTACT/POSTAL ADDRESS………………………………………………………………………………

5. STATE OF ORIGIN…………………………………………………………………………………………

6. NATIONALITY………………………….L.G.A……………………………………………………………………

7. PERMANENT HOME ADDRESS………………………………………………………………………………

8. TELEPHONE NO…………………………………………………………………………………………
   E-MAIL……………………………………………………………………………………………………

9. EDUCATIONAL QUALIFICATION

<table>
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<tr>
<th>Name of Institution</th>
<th>Years attended</th>
<th>Certificate Obtained with Dates</th>
<th>Reg. No./Exam No.</th>
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Please attach copies of credentials.
10. First Sitting (Subjects passed and Grades in WAEC, NECO, SSCE or GCE)

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11. Second Sitting (Subjects passed and Grades in WAEC, NECO, SSCE or GCE)

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12. DO YOU HAVE ANY HEALTH OR PHYSICAL DISABILITY YES/NO (If YES explain)

__________________________________________________________________
__________________________________________________________________

13. NAME AND ADDRESS OF SPONSOR

NAME: ........................................................................................................
ADDRESS: ....................................................................................................

14. GIVE ANY OTHER INFORMATION WHICH YOU CONSIDER RELEVANT TO THE APPLICATION:

....................................................................................................................
....................................................................................................................
....................................................................................................................

15. NAME AND ADDRESS OF THREE REFEREES:

(a) ....................................................................................................................
....................................................................................................................

(b) ....................................................................................................................
Candidates should request their referees to send references direct to the Chairman Medical Advisory Committee, U.I.T.H. Ilorin, before the closing date for receipt of applications.

DECLARATION:
I, the undersigned candidate hereby declare that the information I have on this form are true and correct. If any of it is later discovered to be false or incorrect, shall be guilty of offence punishable according to relevant law and the school disciplinary action.

_________________________________________  ______________________________
Date                                                  Applicant’s Signature

Sponsor:
Name: __________________________________________
Designation (Rank): ________________________________
Phone No: ________________________________________
Signature/Stamp: __________________________________
Date: __________________________________________

FOR OFFICE USE ONLY

Mark Scored..............................................................
Signature of the Score Reader......................................
Date........./ ........../ 20........

SCHOOL OF NURSING
UNIVERSITY OF ILORIN TEACHING HOSPITAL
P.M.B 1459, ILORIN, KWARA STATE.

Examination permit card
Exam No: _________________
Name: ______________________________________________
Address: ____________________________________________
State of Origin: ___________________ L.G.A____________
Examination Centre: COMSIT CENTER, University Of Ilorin Date: ____________

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UNIVERSITY OF ILORIN TEACHING HOSPITAL
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Exam No: _________________
Name: ______________________________________________
Address: ____________________________________________
State of Origin: ___________________ L.G.A____________
Examination Centre: COMSIT CENTER, University Of Ilorin Date: ____________
Interview Date: _____/ ____ / ________

This card permits you to write the Examination and attend the interview, please keep it safe.