****

**AVE-MARIA UNIVERSITY PIYANKO**

**NASARAWA STATE.**

**Along Jikwoyi Karshi Road FCT Abuja**

[**www.avemariauniversity.edu.ng**](http://www.avemariauniversity.edu.ng.com)

**GUIDANCE AND COUNSELING/CHAPLAINCY POST UTME SCREENING FORM**

**Form number:............................**

***Please know that whatever information you give on form will be treated in confidence. Be honest in your response so you can receive the necessary help that will enable you achieve your goal of coming to Ave-Maria University.***

**PART A**

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

1. Surname First name other name

Any previous change of name? if Yes, give former name:....................................................

1. Date of Birth dd.................mm...............yy..................phone..............................................

Email..............................................................Programme applied for..................................

1. Denomination.......................................................................................................................
2. a. Number of Credits........................Passes....................Failed...............AR.........................
3. a. Names of Higher Institution(s) attended after completion of SS3 and reasons for leaving.

|  |  |  |
| --- | --- | --- |
| **NAMES OF INSTITUTIONS** | **REASONS FOR LEAVING** | **YEAR** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

5. b. Have you been suspended or expelled for any educational institution?

Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_ [if yes detail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]

6. Have you ever been convicted of a criminal offence? Yes \_\_\_\_\_\_ No \_\_\_\_\_ [if yes give reasons (s) of offence(s) committed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]



**AVE-MARIA UNIVERSITY PIYANKO**

**NASARAWA STATE.**

**Along Jikwoyi Karshi Road FCT Abuja**

[**www.avemariauniversity.edu.ng**](http://www.avemariauniversity.edu.ng.com)

**ACADEMIC PLANNING DIVISION**

ASSESSMENT FORM FOR THE SCREENING OF UTME/D.E. CANDATES FOR 20.../20.... ADMISSION: in the department of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART I: TO BE COMPLETED BY THE CANDIDATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**A. PERSONAL DATA APPLICATION FORM NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Full Name of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. JAMB No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Programme: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. State of Origin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5. L.G.A: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Place of Domicile: \_\_\_\_\_\_\_\_\_\_\_\_\_ 7. JAMB Centre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8. Denomination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. **ACADEMIC BACKGROUND**

1. Schools attended with dates:

(i) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(ii) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(iii) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(iv) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(v) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. ‘O’ Level results obtained with dates:

**FIRST SITTING SECOND SITTING**

Name of Exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exam No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exam No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Subjects and Grades obtained Subjects and Grades obtained**

1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ b. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ c. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ d. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
5. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
6. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ f. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
7. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ g. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
8. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ h. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
9. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ i. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Total Credits Obtained: \_\_\_\_\_\_\_\_\_\_\_\_ Total Credits Obtained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**AVE-MARIA UNIVERSITY PIYANKO**

**NASARAWA STATE.**

**Along Jikwoyi Karshi Road FCT Abuja**

[**www.avemariauniversity.edu.ng**](http://www.avemariauniversity.edu.ng.com)

**CANDIDATE INFORMATION FORM**

**PERSONAL DATA:**

|  |  |  |
| --- | --- | --- |
| **S/N** | **DEGREE** |  |
|  | **TITLE:** |  |
|  | **SURNAME** |  |
|  | **FRIST NAME** |  |
|  | **OTHER NAME:** |  |
|  | **HOME/MAILING ADDRESS:** |  |
|  | **MOBILE PHONE NO:** |  |
|  | **EMAIL ADDRESS:** |  |
|  | **DATE OF BIRTH:** |  |
|  | **SEX** |  |
|  |  **COUNTRY:** |  |
|  | **STATE OF ORIGIN:** |  |
|  | **RELIGION:****If a Christian:** |  |
|  | **PASTOR’S NAME:** |  |
|  | **PASTORS’S ADDRESS:** |  |
|  | **PASTOR’S PHONE NO:** |  |
|  | **DENOMINATION:** |  |
|  | **MARITAL STATUS:** |  |
|  | **MAIDEN NAME:** *(Married women only)* |  |
|  | **FORMER NAMES:** *(For only other change of name)* |  |