



# EKITI STATE UNIVERSITY, ADO-EKITI, NIGERIA

...knowledge, service and integrity

P.M.B. 5363 Ado-Ekiti Nigeria

## ADMISSION INTO BACHELOR DEGREE PROGRAMMES

INSTRUCTIONS: Completed form should be returned to: The Coordinator/Academic Officer EKSU Directorate of Part-Time Programme, Ekiti State University, Ado- Ekiti, Ekiti State with: Photocopies of Academic Certificate(s) Statement of Result(s), transcript of candidate, Four colour size photograph affixed to the form, Photocopy of receipt of purchase of Application form.

**ⓘ: This form must be completed using CAPITAL LETTERS**

Surname \_\_\_\_\_ First Name \_\_\_\_\_  
Nationality \_\_\_\_\_ State \_\_\_\_\_  
LGA of Origin \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Passport№ \_\_\_\_\_ Date of Birth (YYYY/MM/DD) \_\_\_\_\_  
National ID№ \_\_\_\_\_ Driver's License№ \_\_\_\_\_  
Sex \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

**A**

Single or Married \_\_\_\_\_  
Contact Address (The School will mail all Correspondence to the candidate through this address) \_\_\_\_\_  
Permanent Home Address (if different from above) \_\_\_\_\_  
Name and Address of Person to be contacted in case of emergency (State your relationship with the person)  
\_\_\_\_\_  
Specify any health condition for which you need continuous medication (e.g. Epilepsy, diabetics etc.)  
Desired Programme \_\_\_\_\_  
Desired Programme Option (Full-Time/Part-Time) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ E-mail Address \_\_\_\_\_

### EDUCATION <sup>(1)</sup>

University/Polytechnic/College

CERTIFICATE (M.Sc./B.Sc./BA/B.ED /HND/etc.)	ATTENDANCE (year)		COURSE/PROGRAMME	GRADE	OFFICIAL USE
	From	To			

**EDUCATION (2)**

Secondary School \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

**B**

CERTIFICATE (1ST SITTING) (WAEC/GCE/SSCE/NECO/ NABTEB)	ATTENDANCE (year)		SUBJECT	GRADE	OFFICIAL USE
	From	To			

**C**

CERTIFICATE (1 <sup>ST</sup> SITTING) (WAEC/GCE/SSCE/NECO/ NABTEB)	ATTENDANCE (year)		SUBJECT	GRADE	OFFICIAL USE
	From	To			

**PROFESSIONAL QUALIFICATION**

**D**

CERTIFICATION (ACIHTM, AIH, ACTH, ACCA, ACA, ETC.)	ATTENDANCE (year)		SUBJECT	OFFICIAL USE
	From	To		

**LANGUAGES:**

**E**

Identify any Languages You Speak, Read, or Write and to what degree (other than English).	DOCUMENTS IN SUPPORT	OFFICIAL USE

**F**

Awards or other Evidence of Achievements that have been recognized.

NAME OF ORGANIZATION	TYPE OF AWARD	YEAR	ACHIEVEMENT	DOCUMENTS IN SUPPORT	OFFICIAL USE

**G**

Candidate Referee(s): Title/Position, Contact Information - including Phone Number (s)

OFFICIAL USE


**DOCUMENTS IN SUPPORT:** Three Referee Reports or Letters of Recommendation.**H**

Passport Photograph of Candidate

<div data-bbox="296 1128 635 1442" style="border: 1px solid black; padding: 20px;">           Student's Passport Photograph         </div>	<div data-bbox="948 1128 1272 1442" style="border: 1px solid black; padding: 20px;">           Student's Passport Photograph         </div>
<div data-bbox="296 1536 635 1850" style="border: 1px solid black; padding: 20px;">           Student's Passport Photograph         </div>	<div data-bbox="948 1536 1286 1850" style="border: 1px solid black; padding: 20px;">           Student's Passport Photograph         </div>

**Closing Date:**

Completed application form with the necessary enclosures must reach Mona Institute of Hospitality Tourism and Management, not later than **15<sup>th</sup> March 2021**

All payments should be made into Mona Institute of Hospitality Tourism and Management Zenith Bank Account No: 1016202794, UBA Account No: 1021837260, GTBank Account No: 0265338282, Bachelor Degree N17,500 application form non-refundable fee. Minimum Jamb score for B.Sc. is 145-150. **NOTICE:** Please no cash payment is allowed.

**Declaration by Applicant**

I hereby certify that the information supplied in this application is correct. I promise to be of good conduct, maintain the ethics and conform to the rules and regulations and that, if my application is successful, I understand that I will be subjected to, and will abide by the policies, requirements and rules surrounding my studentship.

\_\_\_\_\_  
**Signature of Applicant Date**

The Registrar,  
Ekiti State University Ado-Ekiti  
P.M.B. 5363 Ado-Ekiti Nigeria  
Website: [www.eksu.edu.ng](http://www.eksu.edu.ng)

\_\_\_\_\_  
**Registrar Signature**

The Registrar,  
Mona Institute of Tourism  
and Management  
P.O. Box18997  
Website: [www.cihtm.org](http://www.cihtm.org)  
Email: [registrar@cihtm.org](mailto:registrar@cihtm.org)

