



MARANATHA UNIVERSITY LAGOS

1-10 Elim Close, off Ajibola Aluko Street, Okota Road, Okota, Lagos.
www.maranathauniversitylagos.edu.ng

APPLICATION FORM FOR ADMISSION TO ONE-YEAR JOINT UNIVERSITIES PRELIMINARY EXAMINATION BOARD (JUPEB) PROGRAMME

____/____ Academic Session

Form No: _____

PASSPORT
PHOTOGRAPH

Important Notice: Please, complete all entries legibly in CAPITAL letters. Bring a copy of this form to the screening centre.

A - PERSONAL DETAILS

Full Name: _____
(Surname) (First Name) (Other/Middle Name)

Date of Birth:

d	d	m	m	y	y	y	y

 Place of Birth: _____

Nationality: _____ State of Origin: _____ LGA: _____

Religion: _____ Denomination: _____

Home Address: _____

Postal Address: _____

Telephone Number: _____ Email Address: _____

B - PARENTS'/GUARDIAN'S PARTICULARS

Name of Father: _____
(Surname) (First Name) (Other/Middle Name)

Occupation: _____ Place of Work: _____

Telephone Number: _____ Email Address: _____

Name of Mother: _____
(Surname) (First Name) (Other/Middle Name)

Occupation: _____ Place of Work: _____

Telephone Number: _____ Email Address: _____

Name of Guardian: _____
(Surname) (First Name) (Other/Middle Name)

Occupation: _____ Place of Work: _____

Telephone Number: _____ Email Address: _____

SECTION C: CHOICE OF PROGRAMME OPTIONS IN THE UNIVERSITY

Choice of courses

First Choice.....

Second Choice.....

List of Courses under JUPEB Programme: Please refer to the prospectus

D - EDUCATIONAL QUALIFICATION

1. SECONDARY SCHOOL

Name of School:	Subjects	Grades
Address:		
Centre:		
Exam Number:		
From: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
<small>m m y y y y</small>		
<small>m m y y y y</small>		

2. SECONDARY SCHOOL

Name of School:	Subjects	Grades
Address:		
Centre:		
Exam Number:		
From: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
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<small>m m y y y y</small>		

E - DECLARATION

I, _____, make this declaration in good faith believing all information given in this form to be true and correct.

Applicant's Signature

Date

F - PAYMENT DETAILS

APPLICATION FORM FEE: N10, 000

Account for JUPEB fees collection:

Account Name: Maranatha University Fees Account

Bank Name: PARALLEX BANK

Account number: 1000305305