MARANATHA UNIVERSITY, LAGOS

LAGOS STATE, NIGERIA

Form No

Website: *www.maranathauniversitylagos.edu.ng*

Email: *maranathauniversitylagos@gmail.com*

APPLICATION FOR ADMISSION
(TRANSFER STUDENT)

20...../20.....SESSION

TRANSFER STUDENT APPLICATION FORM

Proposed Course of Study
(e.g. B.Sc. Economics)

Choice: _____

1. Full Name: _____
Surname (In capital letters) First Name Second Name

2. Mailing Address: _____

_____

Email Address: _____

3. Permanent Home/Residential Address (Street Address) _____

_____

4. GSM Phone No. _____

5. Date of Birth: _____

6. Nationality: _____ 7. State: _____ 8. LGA: _____

9. Religion: _____ 10. Denomination: _____

11. Gender: _____

12. Marital Status: _____

13. Maiden Name (if applicable): _____

14. Full Names and Mailing Address of Parents/Guardian: _____

_____

_____

(b) Relationship: _____

(c) Father's/Guardian's GSM No. _____

(d) Mother's GSM No. _____

SECTION B: ACADEMIC RECORDS

15. List of institutions attended, with dates (including Universities)

NAME AND LOCATION OF INSTITUTIONS	PERIOD		QUALIFICATION OBTAINED e.g. SSCE, TC II, NCE
	From	To	

16. Examinations taken with results

(a) WAEC SSCE		(b) GCE 'O' LEVEL		(c) NECO		(d) TEACHERS' GRADE II		(e) 'A' LEVEL/ OTHERS	
Subject	Grade	Subject	Grade	Subject	Grade	Subject	Grade	Subject	Grade
EXAM DATE		EXAM DATE		EXAM DATE		EXAM DATE		EXAM DATE	
CENTRE		CENTRE		CENTRE		CENTRE		CENTRE	
EXAM NO.		EXAM NO.		EXAM NO.		EXAM NO.		EXAM NO.	

17. **JAMB details:** Registration Number _____
Year of Examination _____
JAMB Score _____