



_____ Semester _____

FORM NUMBER: _____

ADMISSION APPLICATION FORM

(Please Print)

A. PERSONAL INFORMATION

1. Name _____

Last	First	Middle	Maiden
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2. Current Postal Address _____
3. Mother's name _____ Living? Yes () No ()
4. Address _____
5. Father's name _____ Living? Yes () No ()
6. Address _____
7. Parent/ Guardian Address _____
8. Parent/ Guardian's cell # _____ Sponsor's Cell # _____
9. Parent(s)/ Guardian(s)/ Sponsor email address _____
10. Program: _____ Degree: (B.Sc), (B.A), (BE.d), (A.A)
11. Do you wish to be a boarding/ dormitory student? Yes () No ()
12. Date of Birth _____ Age: _____

Month	Day	Year
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13. Gender: Male () Female ()
14. Place of Birth _____
15. Student's Email Address _____ Cell Number: _____
16. Marital Status: Single () Married () Widow/Widower ()
17. Country of origin _____ County of origin _____
18. Religious Affiliation _____
19. Denomination: _____

(Name of Church if Christian)



_____ Semester _____

B. EDUCATIONAL INFORMATION

List below all Elementary, High Schools, and Universities attended, beginning with the school most recently attended

Institution	City/State/ Country	Degree Earned/ Certificates/WAEC/ WASSCE Division Earned	Dates Attended	Date of Graduation
			From: To:	
			From: To:	
			From: To:	
			From: To:	

C. ADDITIONAL INFORMATION

20. How will your education at Adventist University of West Africa be financed?

(a) Scholarship () (b) Parents () (c) Self ()

20. Have you ever been placed on probation, suspension or dismissal from any school? Yes ()
 No () If yes, explain:

21. Will you abide by the Rules and Regulations of the Adventist University of West Africa?
 Yes () No ()

ATTESTATION

I attest that the above information is true and accurate knowing fully well that false declaration and misrepresentation of facts can lead to disqualification of my admission at any point in time in the course of my studentship.

Full Name: _____ Signature: _____

Phone Number: _____ Email: _____

Date: _____