



# University of Makeni

(UNIMAK)

## APPLICATION FORM FOR ADMISSIONS IN THE 2017/2018 ACADEMIC YEAR

This form should be completed in **Block Letters**

2017/2018

ADMISSION  
FORM

Attach Photos  
Here

**ADD PHOTOCOPIES OF ALL RELATED DOCUMENTS,  
CERTIFICATES TRANSCRIPTS, RESULT (S) AND 2 UNUSED WAEC  
SCRATCH CARDS  
KEEP A COPY OF THIS PRINTOUT FOR ANY FUTURE ENQUIRY**

Form Number  
RADN

### Personal Information:

Admission Group: Undergraduate  Postgraduate

Title: Mr.  Mrs.  Miss.

Surname:.....

Other Names:.....

Date of Birth:.....

Gender: Male  or Female

Marital Status:.....

Home Region:.....

Present Occupation:.....

Place of Work:.....

Phone Number:.....

Email Address:.....

Postal Address:.....

Residential Address:.....

### University Enrollment Information

**Choice of Programme:** Certificate  HTC-Sec  Diploma  Higher Diploma  Degree   
PGD  Masters

Course of Study:.....  
...

**Type of Programme:** Taught  or Matured

**Number of Wassece/O'Levels:**..... English Inclusive: Yes  or No

2017/2018

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**Parent/Guardian/Next of Kin Information**

Name:.....  
Relation to Applicant:.....  
Occupation:.....  
Phone Number:.....  
Email Address:.....  
Home Address:.....

**Educational Background**

**Secondary School (s) Attended**

<b>Name</b>	<b>From Year</b>	<b>To Year</b>	<b>Level Attained</b>
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**Entry Qualification(s) (WASSCE or Equivalent)**

<b>Examination</b>	<b>Subject</b>	<b>Unit</b>	<b>Year</b>
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**University or College Degree Information**

<b>Institution</b>	<b>Degree Obtained</b>	<b>Degree Class/Division</b>	<b>Duration</b>
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

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**Other Educational Qualification(s)**

Qualification	Awarding Institution	Date Awarded
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

**Name and Addresses of Two Academic Referees**

Referee	Name	Address
1.	.....	.....
	.....	.....
2.	.....	.....
	.....	.....

**Work Experience Information**

Employer's Name	Job Title	Employer's Address	Duration
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**Financial Guarantor**

**This Section is to be completed by the applicant's guarantor,** indicating how much he or she can provide.

**GUARANTOR** - By signing underneath you understand and accept that in the event the student does not pay fees after one full month of classes, he/she will be asked out of classes until the amount owed is fully paid, and you as the guarantor will be responsible for the payment of the full amount of arrears owed by the student to the University before the end of the academic year with a late payment fee of 10% added to the amount owed.

Le.....  
Name of Guarantor:.....  
Address :.....  
Occupation:.....  
Telephone:.....  
Signature:.....

**Certification By Employing Authority (If Any).**

This section is to be completed by the **Employing Authority** where applicable.

Name of institution or organisation:.....

.....

Address:.....

Name of person certifying:.....

Position or Rank :.....Telephone.....

I certify that Mr./Mrs./Ms.....has been employed in this institution or establishment and has been personally known to me for a period of:.....years/months and that to the best of my knowledge and belief, the information given in this form is correct.

**Signature:** .....

**Date:** .....

**Official Stamp**

**IMPORTANT**

**AN APPLICANT WHO MAKES A FALSE STATEMENT OR WITHHOLDS RELEVANT INFORMATION MAY BE REFUSED ADMISSION. IF HE/SHE HAS ALREADY BEEN ADMITTED INTO THE UNIVERSITY, HE/SHE WILL BE WITHDRAWN FROM THE COURSE.**

**CORRECTION OF NAME**

**FOR THE PURPOSE OF THE UNIVERSITY, STUDENTS ARE ONLY KNOWN BY THE NAMES USED IN THEIR WASSCE/O'LEVELS AND ARE KNOWN BY THOSE NAMES ONLY IN THE SEQUENCE IN WHICH THEY ARE WRITTEN.**

**DECLARATION**

**I, Mr./ Mrs./ Miss:.....certify that the information provided above is true and will be held personally responsible for its authenticity and will bear any consequences for any false information provided.**

## **INSTRUCTIONS**

2017/2018

**ADMISSION  
FORM**

- 1. Please attach two (2) unused WAEC scratch cards.**
- 2. Attach all relevant photocopies of certificates and other related relevant document(s) to this form and forward them (DHL for international postage to the Registry), University of Makeni Azzolini Highway, P.O. Box 2.**
- 3. Attach two new passport size photos with your name and signature clearly written at the back of each photo.**
- 4. Forms obtained and completed should be returned immediately to the Registry for processing.**
- 5. THIS FORM COSTS LE 400,000 including one prospectus**
- 6. All applicants must take and pass the University Entrance Exams and faculty interview costing of LE 100,000 before enrollment.**
- 7. All first year students must pay the full first semester fees before the start of class.**
- 8. All monies, both fees and the cost of this form, that are paid to the university are non-refundable under all conditions. Any and all refunds of monies paid are totally at the discretion of the University.**
- 9. This form will be invalidated, if, upon request, a valid University of Makeni receipt for its purchase is not produced.**
- 10. THIS FORM IS NOT TO BE USED FOR MBA OR SHORT TERM COURSES**