



**APPLICATION FORM FOR ADMISSION  
INTO THE ASSOCIATE DEGREE PROGRAMME  
FOR THE 2023...../2024.....SESSION.**

*This form is to be completed and returned, with two photocopies of the certificates in support of qualifications claimed by the applicant, to the Registry, at any of the addresses indicated above.*

**PLEASE, PRINT ALL ENTRIES IN CAPITAL LETTERS**

**PERSONAL DATA**

Name:  
(MR./MISS/MRS).....  
(Surname) (First Name) (Other Names)

Sex: (MALE/FEMALE): .....

Marital Status: (SINGLE/MARRIED/SEPARATED/DIVORCED/WIDOWED) .....

Date of Birth: ..... Phone Number: .....  
DAY/MONTH/YEAR

E-mail Address ..... Nationality.....

State of Origin: (Nigerians only).....

Have you any physical disability? Yes/No..... Postal Address.....

Residential Address: .....

NEXT – OF – KIN (to be contacted in case of emergency)

Name: .....

Relationship: ..... Residential Address: .....

**ACADEMIC DETAILS**

**‘O’ Level Results**

**Number of sitting for this examination**  1 or  2

<b>Examination Type:</b>		<b>Examination Type:</b>	
<b>Date:</b>		<b>Date:</b>	
<b>Centre/Institute:</b>		<b>Centre/Institute :</b>	
<b>Exam/Index Number:</b>		<b>Exam/Index Number:</b>	
<b>Result</b>		<b>Result</b>	
<b>Subject</b>	<b>Grade</b>	<b>Subject</b>	<b>Grade</b>




**School/University/Colleges Attended**

Name and Address of Institutions	Dates Attended		Final Certificate or Diploma (if any) Award	Special	Year of Award	Class
	From	To				

Clearly state class and major subject of degrees, diploma or certificates and attach two copies of documentary evidence in support of each certificate or diploma obtained

**Please indicate your course of interest**

Course of interest or Major: .....

School: .....

Degree type: .....

Application type:\* (AA, AS, AAT and AAS, Diploma and Certificates)

**Pathways**

- (a) NAAC  1<sup>st</sup> Semester  2<sup>nd</sup> Semester  3<sup>rd</sup> Semester  4<sup>th</sup> Semester, before transfer to TSU.
- (b)  Tennessee State University direct admission Undergraduate degree.
- (c)  Tennessee State University dual enrollment program.

**SPONSORSHIP**

**Give name and address of your sponsor**

Name: .....

Address: .....

Give additional information which may assist in the processing of this application (you may attach a separate sheet, if required)

Proposed profession or vocation on completion of course: .....



**DECLARATION OF APPLICANT**

*I hereby declare that the information stated above is accurate in every detail to the best of my knowledge.*

Signature of Applicant: ..... Date: .....

<b>FOR OFFICIAL USE ONLY</b>	
	<b>Signature of Officer Making Entry</b>
Date of Purchase of Form	
Receipt from returned	
Receipt No. Application Fee	
Number of Postal/Money Order/Bank draft	
Number of Documents Attached	
Result of Application	
Date Result Communicated	
Registration Number (if admitted)	