



FEDERAL COLLEGE OF EDUCATION, OKENE
In Affiliation with
UNIVERSITY OF IBADAN
IBADAN



FORM DUP B

ACCEPTANCE FORM

UTME DE

JAMB REGISTRATION NO:.....

SURNAME:.....OTHER NAMES:.....

ADDRESS:.....

TELEPHONE:.....EMAIL:.....

OFFER OF PROVISIONAL ADMISSION TO FIRST DEGREE PROGRAMME 2016/2017

Receipt No:.....Date:.....

I hereby:

- Accept
- Reject

} the provisional offer of admission to your University made to me for entry into the degree programme in the:

Department of:.....

Faculty/School/College of:.....

.....
Signature

NB: Please type into the field and print out, Do not write on the form



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FORM DUP C

**LETTER OF PERSONAL UNDERTAKING FOR PROVISIONAL ADMISSION
(PRINT, FILL AND SUBMIT DURING CLEARANCE)**

UTME DE

Candidate's
Passport
Photograph

I,.....
of (Home Address).....
.....who is
being considered for provisional admission into the Department of.....
.....in the Undergraduate Programme of
Federal College of Education, Okene hereby undertake as follows:

1. That I have not been paraded as a fake student in any University or Higher Institution before this offer of provisional admission.
2. That I have not been rusticated or expelled from any University or Higher Institution in Nigeria for any reason.
3. That whenever the authorities of the Federal College of Education, Okene discover that the above declarations are incorrect, my studentship shall summarily terminate.

SIGNATURE..... DATE.....

NAME.....
(Surname First)

TEL NO:..... E-mail.....

ATTESTATION

I,.....
of (Home Address).....
E-mail Address..... Tel No:.....

Hereby attest that the above undertaking is true and correct on the above named and that he/she shall be of good behaviour during the period of studentships.

GUARANTOR'S STATUS.....

SIGNATURE..... DATE.....

NOTE: Guarantors should be a senior staff of FCE, Okene or any other government agencies not below the rank of GL 9; a military or paramilitary officer; a clergy; a traditional ruler. Evidence of the guarantors' status. (e.g.) ID card, should be attached to this form. The attestor and guarantor's passport photograph should be affixed to this undertaking and signature endorsed on the photographs. Any false attestation shall invalidate this provisional admission.

Attestor's
Passport



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FORM DUP A

Admission Screening - UTME DE

SECTION A: TO BE FILLED BY CANDIDATES

NAME:.....
(Surname First)

SEX:.....

LAST SCHOOL ATTENDED:.....

LOCAL GOVT. AREA:.....STATE OF ORIGIN:.....

NATIONALITY:.....

JAMB REG. NO.:.....JAMB SCORE:.....POST UTME SCORE:.....

SECTION B: FOR OFFICE USE ONLY

- 1. Original and Photocopy of Admission Letter
- 2. Original and Photocopy of Acceptance Letter
- 3. Original and Photocopies of Receipt of Acceptance Fee
- 4. Original and Photocopy of A' Level Result (where applicable)
- 5. Original and Photocopy of O' Level Result
- 6. JAMB Notification Slip
- 7. Original and Photocopy of birth Certificate/Declaration of Age
- 8a. Certificate of Medical Fitness
- 8b. Declaration of Pregnancy
- 9. Four Passport size Photograph
- 10. Affidavit of good conduct
- 11. Guarantor Form
- 12. Original and Photocopy of Evidence of Change of Name
- 13. Student Personal Data Form

APPROVED COURSE(S)

MAJOR COURSE

MINOR COURSE

.....

.....

CHANGE OF COURSE

REASONS FOR CHANGE

a) Major from.....To.....

.....

b) Minor from.....To.....

.....

c) Major & Minor from.....To.....

.....

Remark

.....
.....

.....
Screening Officer

.....
Signature

.....
Date



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FORM DUP B

STUDENTS' PERSONAL DETAILS

UTME DE



- 1
 - (a) Full Name:.....
 - (b) Age:.....
 - (c) Date of Birth:.....
 - (d) State of Origin:.....
 - (e) Home Town:.....
 - (f) Local Government Area:.....
 - (g) Nationality:.....
 - (h) Present Address:.....

 - (i) Mobile Phone number & Email Address:.....
 - (j) Permanent Home Address (if different from above):.....

 - (k) Parent/Guardian:.....
 - (l) Address of Parent/Guardian:.....

 - (m) If Guardian, state relationship:.....
 - (a) Marital Status (Married, Single etc):.....
 - (B) Number of Children:.....
 - (c) Next of Kin (One to whom information should be sent in case of accident etc):.....

 - (d) Address of Next of Kin:.....

2. Educational Institution in order attended

NAME	DATE	
	FROM	TO
(a)		
(b)		
(c).		
(d)		
(e)		
(f)		
(g)		

O' Level qualification (1st Sitting) (Give detailed result in each examination passed, including grades or division.

Name of Examination	Examiner No	Subject	Grade Obtained

O' Level qualification (2n Sitting)

Name of Examination	Examiner No	Subject	Grade Obtained

A' Level Examinations

Type of Exams	Exams/Matric No	Name of Institution	Subject	Grades

JAMB Registration Number.....

JAMB Score (UTME Only).....Post UTME Score.....

Approved Subject Combination for Degree Programme.

DECLARATION: I certify on my honour that the information given above is to the best of my knowledge and belief, correct.

.....
Signature

.....
Date



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UTME DE

FORM DUP C

MEDICAL EXAMINATION FOR ADMISSION TO DEGREE PROGRAMME FEDERAL COLLEGE OF EDUCATION, OKENE, KOGI STATE

Name of Student:.....

Address:.....

1. Has he/she had any history of any of the following?

(a)	Heart Disease:.....	YES/NO
(b)	Respiratory Disease:.....	YES/NO
(c)	Tuberculosis:.....	YES/NO
(d)	Stomach Disorders:.....	YES/NO
(e)	Mental Disorders:.....	YES/NO
(f)	Gonorrhoea:.....	YES/NO

2. Has he/she had any operation?..... YES/NO
 - (a) If 'yes' for what reasons:.....
 - (b) Date:.....

3. Has he/she had any serious illness(es)?
 - (a) If 'yes' what:.....
 - (b) Date:.....

4. Has he/she had any physical challenged?

If 'yes' please indicate:.....

.....

5. LABORATORY TEST:.....
 - (a) Stool:.....
 - (b) Urine:.....
 - (c) HB:.....

6. EYE TEST:.....
7. B.P:.....
8. E.N.T.: (Ear, Nose, Throat) Report:.....
9. REFLEXES:.....
10. GENERAL REMARKS:.....

NAME OF MEDICAL PRACTITIONER:.....

SIGNATURE OF MEDICAL PRACTITIONER:.....

ADDRESS:.....

.....



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UTME DE

FORM DUP D

DECLARATION OF PREGNANCY

(Being an undertaking to be signed by all Female Students upon registering as students of the Degree Programme, Federal College of Education, Okene)

I,.....

of.....
(Permanent Home Address)

hereby declare that:

I have accepted the place offered to me as a degree Student of the Federal College of Education, Okene and duly registered for the $\frac{3}{4}$ years Degree Programme beginning in.....20.....

I further declare that in accepting the offer of Admission, and registering for the Course, I absolve the Provost, his Staff, the University of Ibadan and Federal Ministry of Education from all the risks from any pregnancy that may occur while I am still a student in the College.

I also declare that is shall bear the full academic responsibility of the course, including attendance at lectures, as contained in the academic regulations of the College, or as shall from time to time be determined by the Academic Board of the College and the Senate of the University of Ibadan and that any pregnancy that may occur shall in no way be any other academic requirements.

.....
Signature

.....
Date