



# Imo State University

Owerri, P.M.B. 2000



## 2015/2016 SUPPLEMENTARY ADMISSION FORM

### BASIC INFORMATION

Candidate's Name: \_\_\_\_\_

Jamb Reg. No: \_\_\_\_\_

Sex: Male [ ] Female [ ]

State of Origin: \_\_\_\_\_

LGA: \_\_\_\_\_

Jamb Subjects:

Subject 1: \_\_\_\_\_ Subject 3: \_\_\_\_\_

Subject 2: \_\_\_\_\_ Subject 4: \_\_\_\_\_

Jamb Score: \_\_\_\_\_

Course Sought in Jamb: \_\_\_\_\_

Post UTME Score: \_\_\_\_\_

Average Score: \_\_\_\_\_

Supplementary Course of Choice: \_\_\_\_\_

### OFFICIAL USE

Name of Department: \_\_\_\_\_

HOD'S Recommendation Yes [ ] No [ ] Signature \_\_\_\_\_ Date \_\_\_\_\_

Director's Recommendation Yes [ ] No [ ]

Remark \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

VC's Approval Yes [ ] No [ ]

Signature \_\_\_\_\_ Date \_\_\_\_\_