



AFRICAN AMERICAN UNIVERSITY

REPUBLIC OF BENIN/ USA

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APPLICATION FORM (POSTGRADUATE)

Tick as applicable: PGD MASTER'S PhD

SECTION A

_____	_____	_____
Surname	Other names	Sex
_____	_____	_____
Date of birth	Nationality	State
_____	_____	_____
Address		

_____	_____	_____
Phone number(s)	E-mail	

SECTION B

Discipline (For Postgraduate Programme)

ACADEMIC QUALIFICATION(S): GCE/SSCE/NECO/NABTEB RESULT

SUBJECTS	GRADES	SUBJECTS	GRADES	OTHER EQUIVALENT EXAMINATIONS

SECTION C: RESEARCH DETAILS

Major field in which you wish to study:

Proposed Title of Research: _____

Proposed Supervisor: _____

SECTION D: ACADEMIC QUALIFICATION(S)

Academic history (being with most recent qualification)

Give the names and addresses of Colleges and University/Universities attended with dates.

DEGREE	DATE OF REGISTRATION	DATE OF GRADUATION	INSTITUTION

Membership of Professional Body/Bodies

(Attach Separate Sheet if Necessary)

Names of Professional Body/Bodies	Name(s) of Qualification(s)	Date(s) Awarded

Employment Details:

1. Are you currently employed: Yes No
2. How many years of full time employment will you have completed by the end of this year?

Please Provide Details

Name(s) of employer(s)	Job Title(s)	Period Employed

Details of conference attended and papers Presented

CONFERENCE	PAPER

LEGAL DECLARATIONS OF INDEMNITY AND UNDERTAKING

I, THE APPLICANT, AND I, THE PARENT/GUARDIAN/NEXT-OF-KIN OF THE APPLICANT/

1. Acknowledge that the University does not accept responsibility for damage or loss in respect of property of the applicant or in respect of property brought onto University premises by the applicant.
2. Undertake during the orientation period and for any period during which I am a registered student, to be bound by the rules and regulations of the University for the time being in force, including the rules and regulations of any University residence, club or society to which I may be admitted or become a member and by any requirements or conditions imposed by the University on me as a prerequisite to my registration as a student of the University in any faculty.

3. Certify that the information provided in this form and all supporting documentation(s) is/are accurate and acknowledge that furnishing any false information may result in disciplinary proceedings being taken against the applicant.
4. Declare that I have furnished the University with all the information necessary to make an informed decision about my admission.
5. Undertake to pay unconditionally all fees, charges and equipment surcharge payable to the University/Glowflowers Associates as they fall due for payment, for any period for which I am or may become a registered

APPLICANT MUST SIGN BELOW

Signature of applicant:.....

Date:.....