



AFRICAN AMERICAN UNIVERSITY

REPUBLIC OF BENIN/ USA

Email: afamuniversity@gmail.com

Website: africanamericanuniversity.org

(+234)8173175540

APPLICATION FORM (DEGREE)

Please complete each section legibly in block letters

SECTION A

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

_____	_____	
Phone number(s)	E-mail	

SECTION B

Discipline

1st Choice: _____

2nd Choice: _____

SECTION C: ACADEMIC DETAIL

Name/Place of School	Period attended	Certificate Obtain	Subject and Grades
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION D: PARENTS/GUARDIAN DATA

Name: _____

Profession: _____

Organization: _____

Designation: _____

Office Address: _____

Email: _____

Residence Address: _____

Telephone number(s): _____

Position/Relationship: _____

I hereby submit myself to be responsible for any misconduct of my son/daughter. I'm ready to face any penalty or consequence of the offence/offences committed

Name and Signature of
Parent(s) / Guardian

Date

SECTION E: DECLARATION BY THE APPLICANT

I confirm that the information and documents provided in this application form are correct. I have understood and agree to abide by all African American University rules/regulations

Name and Signature of
Parent(s) / Guardian

Date

RETURN COMPLETED FORM WITH THE FOLLOWING REQUIREMENTS

1. 6 passport photographs
2. Photocopy of credentials (2 copies each)
3. Birth certificate or Age declaration (2 copies each)
4. Medical Test Report (To be conducted at the University authorized hospital)