



# AJAYI CROWTHER UNIVERSITY, OYO

P.M.B. 1066, OYO  
OYO STATE, NIGERIA

Form No

## CENTRE FOR PART-TIME STUDIES

Website: <http://cpts.acu.edu.ng>

Email: [admissions@acu.edu.ng](mailto:admissions@acu.edu.ng)

### APPLICATION FOR CONVERSION PROGRAMME

Proposed Course of Study  
(e.g. B.Sc. Accounting)

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

Affix a recent  
passport  
photograph

**TO THE APPLICANT**

- i. All completed forms must be accompanied with photocopies of relevant documents and certificates.
- ii. The completed form together with two self-addressed ₦50.00 stamped envelopes and all other attachments should be sent to the Centre for Part-Time Studies.

#### SECTION A: PERSONAL DETAILS

1. Full Names:

Surname (In capital letters)	First name	Second Name

2. Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

3. Permanent Home Address (Street Address, P.O. Box): \_\_\_\_\_

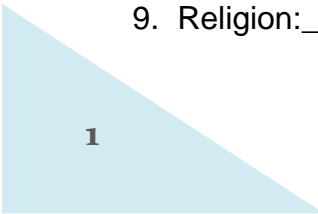
\_\_\_\_\_

4. Phone Number: \_\_\_\_\_

5. Date of Birth: \_\_\_\_\_

6. Nationality: \_\_\_\_\_ 7. State: \_\_\_\_\_ 8. LGA: \_\_\_\_\_

9. Religion: \_\_\_\_\_ 10. Denomination: \_\_\_\_\_



11. Gender: \_\_\_\_\_

12. Marital Status: \_\_\_\_\_

13. Maiden Name (if applicable): \_\_\_\_\_

14. Full Names and Mailing Address of Sponsor: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(b) Relationship: \_\_\_\_\_

(c) Sponsor's Phone Number: \_\_\_\_\_

## SECTION B: ACADEMIC RECORDS

15. List of schools attended, with dates

NAME AND LOCATION OF SCHOOL	PERIOD		QUALIFICATION OBTAINED e.g. SSCE, TC II, NCE
	From	To	



