



**KOGI STATE UNIVERSITY, ANYIGBA  
SCHOOL OF POSTGRADUATE STUDIES**

**KSU/PGS/FORM B1**



**MAIN REGISTRATION FORM** (To be filled in duplicate)  
(Distribution Postgraduate School, Departmental Office)

**BURSAR'S OFFICE:**

The under mentioned  
Postgraduate student has  
satisfied the financial  
condition for registration.

Bursar .....

Date .....

Notes:

- a. For each requested information please start to enter the information from the left most box of a block of boxes.
- b. After the completion of the forms, the student must pay to the bursary the prescribed fees and have the form stamped.
- c. After the Bursar's action the student should submit a copy of this form to the Postgraduate School, collect an introductory letter to the Faculty for faculty registration and submit the remaining copy to the Head of Dept.
- d. N5,000.00 penalty fee will be charged for late registration at the end of the University approved registration period of two(2) weeks.
- e. A student will not be allowed to register in a semester or take examinations in that semester if he fails to register within five weeks, from the beginning of the semester, except with the approval of Senate.



TOWN/CITY

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LOCAL GOVT & STATE/COUNTRY (FOREIGN STUDENTS ONLY)

9. STATE OF ORIGIN:

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(NIGERIANS ONLY)

10. LOCAL GOVT AREA:

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(NIGERIANS ONLY)

11. RELIGION  1-CHRISTIANITY 2-ISLAM 3-OTHERS

12. MARITAL STATUS:  1- MARRIED 3 -SEPARATED  
2-DIVORCED 4-WIDOWED 5-SINGLE

13. NEXT OF KIN:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SURNAME

MIDDLE NAME

14. NEXT OF KIN'S RELATION-  
SHIP TO YOU

--	--	--	--	--	--	--	--	--	--	--	--

15. NEXT OF KIN'S ADDRESS:

--	--	--	--	--	--	--	--	--	--	--	--

STREET/P.O.BOX/OFFICE

--	--	--	--	--	--	--	--	--	--	--	--

TOWN/CITY

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LOCAL GOVT & STATE/COUNTRY (FOREIGN STUDENTS ONLY)



26. DETAILS OF QUALIFICATIONS OBTAINED WITH DATES:

NAME OF INSTITUTION	PERIOD OF STUDY	DEGREE/CERTIFICATE AWARDED AND CLASS

27. HIGHER QUALIFICATIONS:

NAME OF INSTITUTION	PERIOD OF STUDY	DEGREE/DIP./CERTIFICATE AWARDED AND CLASS

I declare that the information given in this form is correct.

.....  
Student's Signature & Date

**KOGI STATE UNIVERSITY, ANYIGBA  
SCHOOL OF POSTGRADUATE STUDIES  
STUDENTS ENTRANCE MEDICAL EXAMINATION**

Students are required to complete PART I of this form and leave PART II to be completed by a Medical Officer at the University clinic, KSU. The form should be returned to the School.

**PART I To be filled by students) \*May clarify unclear aspects with the doctor if necessary.**

Surname: ..... Other Names .....

Date of Birth: ..... Sex: ..... Marital Status.....

Nationality:.....State:.....Faculty:.....Department.....

Telephone No: .....

For Emergencies: Name of Contact Person.....

Address of contact person .....

Tel. No .....

1. Would you say your health of good/fair/poor .....

2. Have you ever been admitted as an in-patient in hospital?.....

If so, please state reason for admission, name of hospital and date: .....

3. Are you on any medication(s) ..... If so, please state drug and dosage.....

4. Do you suffer or have suffered from any of the following?

a. Tuberculosis Yes/No

f. Diabetes Yes/No

b. Schistosomiasis Yes/No

g. Any diseases of the digestive system Yes/No

c. Any respiratory diseases Yes/No

h. Any diseases of the heart Yes/No

d. Sickle cell disease Yes/No.

i. Any genitir-urinary system Yes/No

e. Allergies Yes/No

j. Nervous disease Yes/No

If the answer to the above is yes, give details with dates.

5. If these are any relevant details of your medical history not covered by the questions, please give particulars.....

6. Travel history with dates .....

7. Is your family a healthy one?.....Has any one of your family suffered from tuberculosis.....

Hypertension.....Diabetes.....Mental illness.....

8. Do you react to any drugs(s) Yes/No. If yes, state the drug(s).....

9. Have you been immunized against any of the following:

Hepatitis B Yes/No Date:.....

Tetanus Yes/No Date:.....

Yellow Fever Yes/No Date:.....

C. S. M. Yes/No Date:.....

Others

Date: ..... Signature:.....

**PART II**

Height.....Meters  
Visual acuity:

Without glasses R.6/  
Without glasses R. 6/

Hearing  
Left  
Right

Eyes  
Ears  
Pharynx  
Teeth  
Lymphatic Glands  
C.N.S.  
Cognitive functions  
    Orientation  
    Memory  
    Intelligence

Pupillary reflexes  
Spinal reflexes

Any other observations?.....  
Date .....

Weight.....Kg  
    \*snellen types

L.6/  
L.6/  
Circularoty system  
Heart:           Rate  
                  Rhythm  
                  Sounds

Blood Pressure  
Respiratory Systems  
Lungs  
G.I.T.  
Liver  
Spleen  
Hernia  
Urine  
Albumen  
Sugar

Name of Medical Officer.....  
Signature.....  
Address:.....  
.....  
.....

**PART III**

Tubeculin Test \*Mantoux)

Date.....

Chest X-Ray  
Film No.....  
Date:.....  
Result.....

.....  
Medical Officer  
University Health Services

**SCHOOL OF POSTGRADUATE STUDIES  
KOGI STATE UNIVERSITY, ANYIGBA**

**STUDENTS' RECORD FORM**

**PERSONAL BIO-DATA**

Matric No..... SESSION:.....  
SURNAME..... OTHER NAMES.....  
MAIDEN/FORMER NAME (WHERE APPLICABLE).....  
DATE OF BIRTH: ..... SEX : ..... MARITAL STATUS.....  
STATE: ..... NATIONALITY: ..... RELIGION: .....  
CAMPUS ADDRESS: .....  
MAILING ADDRESS: .....  
PERMANENT HOME ADDRESS: .....  
..... Tel. No:.....

**NEXT OF KIN**

NAME: ..... RELATIONSHIP:.....  
ADDRESS: .....

**PROGRAMME OF ADDRESS**

SESSION ADMITTED: ..... PROGRAMMES ADMITTED FOR: .....  
DIPLOMA/DEGREE IN VIEW: ..... DEPARTMENT:..... FAULTY:.....  
FIELD OF INTREST: .....  
PROPOSED DATE OF COMPLETION: .....

**PREVIOUS APPLICATION**

HAVE YOU EVER APPLIED FOR ANY PROGRAMME YES/NO YEAR.....

**MODE OF STUDY**

FULL-TIME PART-TIME

**SPONSOR**

NAME OF SPONSOR.....

ADDRESS OF SPONSOR.....

TYPE OF SPONSOR: PLS TICK SELF  EMPLOYER  OTHERS

**EMPLOYER**

NAME: ..... ADDRESS: .....

**ANY OTHER RELEVANT INFORMATION**

DATE OF FIRST REGISTRATION FOR THE CURRENT PROGRAMME (SESSION).....

NO OF SEMESTERS COMPLETED.....

PREVIOUS UNIVERSITY (IES) ATTENDTED AND DEGREES AWARDED

NAME OF UNIVERSITY	DEGREE DISCIPLINE	CLASS	YEAR



**OTHER INFORMATION REQUIRED**

CURRENT REGISTRATION ANOTHER UNIVERSITY

NAME AND ADDRESS OF INSTITUTION.....

DATE OF FIRST REGISTRATION.....

COURSE.....

DEGREE.....

POSITION HELD	NAME AND ADDRESS OF EMPLOYER	FROM	TO

**REFEREES**

No	Name	Post	Address
1.			
2.			
3.			

**PUBLICATIONS( if any)**

NO	PUBLICATION

**SCHOOLS ATTENDED (SECONDARY, TERTIARY INSTITUTIONS ONLY)**

NAME	TOWN	COUNTRY	Certificate/ Degree	Subject/ Course	Grade	From

**PROFESSIONAL QUALIFICATION (if any)**


**SCHOOL OF POSTGRADUATE STUDIES**  
**KOGI STATE UNIVERSITY, ANYIGBA**  
**COURSE REGISTRATION FORM**  
**(To be completed in Triplicate)**

Session: ..... Matric No: .....

1. Name in full (Surname first): .....
2. Department: .....
3. Faculty: .....
4. Telephone No: .....
5. Mode of Study:(Part-Time/Full-Time): .....
6. Degree/Diploma in view: .....
7. Address during session: .....
8. Name and address of sponsor: .....
- .....
9. Name and address of employer: .....
- .....
10. University attended and year of graduation: .....
11. Courses registered for

S/No	Course No.	Title	Credit Units
i			
ii			
iii			
iv			
v			
vi			
vii			
viii			
ix			
x			
xi			

12. Thesis/Dissertation Research Yes/No

Total No. of credit units: .....

Student: .....

Date: .....

Head of Department .....

Date: .....

Deputy Dean Postgraduate School: .....

Date: .....

Secretary, Postgraduate School.....

Date: .....



# SCHOOL OF POSTGRADUATE STUDIES KOGI STATE UNIVERSITY, ANYIGBA

The Dean,  
School of Postgraduate Studies,  
Kogi State University, Anyigba.

## ACCEPTANCE OF OFFER ..... SESSION

NAME: \_\_\_\_\_

COURSE FOR WHICH ADMITTED: \_\_\_\_\_

FACULTY: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

ADMISSION NUMBER: \_\_\_\_\_ SESSION: \_\_\_\_\_

CONTACT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ TEL/GSM NO. \_\_\_\_\_

With reference to your letter of provisional admission dated: \_\_\_\_\_

I hereby accept the offer of admission to read:

\_\_\_\_\_

Course in the University starting from the: \_\_\_\_\_ Academic year.

RECEIPT NO. OF ACCEPTANCE FEE

(N4,000.00)\*\* \_\_\_\_\_

### DECLARATION

Having read the necessary Regulations, I do solemnly declare that I shall abide by them.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date