



NIGERIAN ARMY COLLEGE OF NURSING YABA

P.M.B 656, YABA, LAGOS STATE, NIGERIA

TRANSFER ADMISSION APPLICATION FORM
ADMISSION FORM FOR 2025/2026 ACADEMIC SESSION

STUDENT INFORMATION

Form No: 07858

Name of Student:

Religion:

Gender: Male Female

D.O.B:

Phone No:

Email:

L.G.A:

State Of Origin:

Permanent Home Address:

Current Qualification:

Sponsor's Details:

Sponsor Name:

Place of Work:

Phone Number:

ATTESTATION

I, _____ hereby declare that i am not a member of any
secrete cult and that the information I have provided above is true and correct this _____ day of
_____, 2025.

STUDENT SIGN

PARENT/GUARDIAN SIGN

SSCE; .WAEC: NECO: NABTEB: GCE:

EXAM NO 1:

EXAM NO 2:

SUBJECT
1. English Language

2. Mathematics

3.

4.

5.

6.

7.

8.

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1. English Language

2. Mathematics

3.

4.

5.

6.

7.

8.

DETAILS ABOUT STUDENT PREVIOUS UNIVERSITY

NAME OF UNIVERSITY;

YEAR OF ADMISSION;

DEPARTMENT;

COURSE OF STUDY;

MATRICULATION NUMBER;

GPA/SCORE;

TRANSCRIPT NUMBER;

LEVEL;

REASON OF LEAVING PREVIOUS SCHOOL;

FOR OFFICIAL USE ONLY

NAME OF COORDINATOR: _____

COMMENT: _____

DATE OF REGISTRATION: _____

SIGNATURE: _____