



FEDERAL UNIVERSITY MEDICINE AND MEDICAL SCIENCES ABEOKUTA
P.M.B 1172, ABEOKUTA, OGUN 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	GRADE
1. English Language	<input type="text"/>
2. Mathematics	<input type="text"/>
3. <input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>
5. <input type="text"/>	<input type="text"/>
6. <input type="text"/>	<input type="text"/>
7. <input type="text"/>	<input type="text"/>
8. <input type="text"/>	<input type="text"/>

SUBJECT	GRADE
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3. <input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>
5. <input type="text"/>	<input type="text"/>
6. <input type="text"/>	<input type="text"/>
7. <input type="text"/>	<input type="text"/>
8. <input type="text"/>	<input type="text"/>

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: _____