



THE OKE-OGUN POLYTECHNIC, SAKI (TOPS)

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E-mail: admissions@tops.edu.ng Website: www.tops.edu.ng

OFFICE OF THE REGISTRAR

SCREENING FORM - TOPS/SC/01

1. NAME:

SURNAME

FIRST NAME

OTHERS

2. UTME REG NO:.....

3. DID YOU CHOOSE TOPS AS YOUR 1ST CHOICE: YES NO

4. APPLICATION NO:

5. PHONE NO:EMAIL:

6. GENDER: AGE

7. DATE OF BIRTH:

8. STATE/LGA:

9. NATIONALITY:

10. COURSE APPLIED FOR: 1ST CHOICE:

: 2ND CHOICE:

10. SCHOOL(S) ATTENDED WITH DATES

S/N	SCHOOL	FROM	TO

11. QUALIFICATION(S) OBTAINED WITH DATE(S)

S/N	QUALIFICATION	DATE

12. O'LEVEL RESULTS

S/N	SUBJECT	GRADE	EXAM BODY	EXAM YEAR

13. WHAT IS YOUR RELIGIOUS AFFILIATION?.....

14.(a) HAVE YOU EVER BEEN A STUDENT OF ANY INSTITUTION OF HIGHER LEARNING? Yes No

(b) IF YES, STATE

(i) Name of the Institution:

(ii) Period of studentship:

(iii) Why did you leave?.....

15. (a) HAVE YOU EVER BEEN CONVICTED OF ANY CRIME? Yes No

(b) IF YES, STATE

(i) The offence:

(ii) Date of Conviction:

16. WERE YOU IN ANY SECRET CULT BEFORE? Yes No

17. IF YOU WERE OFFERED ADMISSION, ARE YOU:

(i) Willing to abide by all the laws and regulations of the Institution?
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ATTESTATION

I confirm that all information provided by me in this form is true and correct. I hereby agree that any false information nullifies this admission.

I also agree that if admitted, the Institution reserves the right to terminate my studentship without any refund and withdraw any degree or certificate awarded for any false information or inaccuracies subsequently discovered by the University.

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STUDENT'S SIGNATURE

.....

DATE