

## Student Passport



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## SPONSOR AND NEXT OF KIN DETAILS

|                              |                           |                              |                         |
|------------------------------|---------------------------|------------------------------|-------------------------|
| <b>Sponsor's Fullname:</b>   | * ENGR. S.E OZIGBO        | <b>Next of Kin Fullname:</b> | ENGR S.E OZIGBO         |
| <b>Sponsor's Address :</b>   | * NO 23 LADOKE AKINTOLA S | <b>Next of Kin Address:</b>  | NO 23 LADOKE AKINTOLA S |
| <b>Sponsor's Mobile No :</b> | * 08034009497             | <b>Next of Kin MobileNo:</b> | * 08034009497           |
| <b>Sponsor's Email :</b>     | ozigbosunny@gmail         | <b>Next of Kin Email:</b>    | ozigbosunny@gmail       |
| <b>Relationship:</b>         | * FATHER                  | <b>Relationship:</b>         | * FATHER                |

## PROGRAMME DETAILS

|                |                            |                      |                |
|----------------|----------------------------|----------------------|----------------|
| Department :   | MOLECULAR GENETICS AND BIO | Mode of Entry        | * DIRECT ENTRY |
| Option :       | None                       | Student Mode :       | NEW STUDENT    |
| Student Type : | UNDERGRADUATE              | Mode of Study        | FULL TIME      |
| Programme :    | B.SC                       | Entry Year           | 2021-2022      |
| Matric No :    | 19734206HB                 | Year of Graduation : | 2024-2025      |
| JAMB No :      | 19734206HB                 | Year of Study:       | 100 LEVEL      |

## MEDICAL HISTORY

- ☐ Diabetes
  - ☐ Epilepsy
  - ☒ Sickle Cell
  - ☐ Hypertension
  - ☒ Asthma
  - ☒ Allergies
  - ☒ Disabilities
  - ☒ Spectacle Use
  - ☒ Previous Surgery
  - ☒ Blind

Details of Above or any other information concerning your health

## DECLARATION

*I certify that the information given in this form is, to the best of my knowledge and belief, correct and complete*

Submit