ADMISSION! ADMISSION!! ADMISSION!

RC 8479760

SKY MERIDIAN COLLEGE
OF HEALTH SCIENCES AND MANAGEMENT TECHNOLOGY

Offers Certificates, Diplomas, Bachelors, Masters & PhD degrees.
100% NYSC Service Guaranteed. Direct entry for OND and NCE graduates, Conversion from HND to B.Sc programme and also transfer students from any recognized Universities around the World with proof of admission (Transcript).

ADMISSION REQUIREMENTS:
Five O'level credits including English Language and Mathematics **(WAEC/WASSCE/GCE/NECO/NABTEB)** with Birth Certificate, International/Ecowas Passport and Four (4) recent Passport Photographs, Online Result Scratch Card also needed.

For Easy Purchase of Forms/Registration & Accommodation Processing,
Call/WhatsApp us @: 08054789406, 07084184532, 07037711068, 08033696099, 08065023457

BANK: KUDA MFB

ACCOUNT NUMBER: 3002634523

ACCOUNT NAME: SKY MERIDIAN COLLEGE OF HEALTH SCIENCES AND MANAGEMENT TECHNOLOGY LIMITED

ADMISSION IS STILL OPEN NOW, KINDLY CONTACT US FOR YOUR REGISTRATION SMC

RC 8479760

SKY MERIDIAN COLLEGE
OF HEALTH SCIENCES AND MANAGEMENT TECHNOLOGY

1, Adifala Street, Iyana Adeoyo Bus Stop, Ososami, Ring Road Ibadan, Oyo State.
E-mail: skymeridiancollege@gmail.com

Affix a recent passport size photograph of yourself here

SKY MERIDIAN UNDERGRADUATE APPLICATION FORM

APPLICATION NO..... /SMC

APPLICATION FORM FOR ADMISSION FOR THE 20..... /20.....SESSION

This form is to be completed and returned, with two photocopies of the certificates in support of qualifications claimed by the Applicant to the Office of the Director of Studies at the ad dress indicated above.

PLEASE, PRINT ALL ENTRIES IN CAPITAL LETTERS

OUR COURSES

COLLEGE OF SOCIAL AND MANAGEMENT SCIENCES
- Finance & Investment
- Accounting
- Economics
- Public Administration
- International Relations & Diplomacy
- Hospitality Mgt. & Tourism
- Mass Communication
- Sociology
- Political Science
- Office and Information Management
- Entrepreneurship

COLLEGE OF ENVIRONMENTAL DESIGN AND MANAGEMENT
- Urban & Regional Planning
- Estate Management
- Surveying and Geo-informatics

COLLEGE OF AGRICULTURE, FOOD SCIENCE & TECHNOLOGY
- Nutrition and Dietetics
- Food Science & Tech.

COLLEGE OF COMMUNITY HEALTH SCIENCES
- Community Health Science

COLLEGE OF PHARMACY
- Pharmacy (D. Pharm)

COLLEGE OF NATURAL AND APPLIED SCIENCES
- Biochemistry
- Microbiology
- Industrial Chemistry
- Industrial Mathematics
- Physics with Electronics
- Geology & Mining
- Geophysics
- Computer Science

COLLEGE OF MEDICAL AND ALLIED HEALTH SCIENCES
- Nursing Science
- Human Physiology
- Medical Laboratory Science.
- Health Information Management
- Optometry
- Radiography
- Physiotherapy (D,PH)
- Public Health
- Environmental Health

COLLEGE OF LAW
- Law

PART-TIME IN ALL UR RELATED COURSES ARE AVAILABLE
CONVERSION/TOPUP PROGRAMMES
- For HND and Degree Holders
- Online Distance Learning (For Degree, Diploma A Certificate Programs)

COURSE OF STUDY

1ST CHOICE _____

2ND CHOICE _____

3RD CHOICE _____

PERSONAL DATA

Name: (DR/MR/MISS/MRS) _____
(Surname) (First Name) (Other Names)

Sex: ☐ MALE ☐ FEMALE Marital Status: ☐ SINGLE ☐ MARRIED ☐ SEPARATED ☐ DIVORCED ☐ WIDOWED

Date of Birth: _____ GSM Number: _____
DAY/MONTH/YEAR

E-mail Address: _____ Nationality: _____

State of Origin: (Nigerians only) _____ NYSC Status: _____

Are you physical disability? Yes/No..... Postal Address _____

Residential Address: _____

_____

NEXT – OF – KIN (to be contacted in case of emergency) Name: _____

Relationship _____ Residential Address _____

_____ Tel: _____

ACADEMIC DETAILS

'O' Level Result Number of sitting for this examination

Examination Type:		Examination Type:	
Date:		Date:	
Centre/Institute:		Centre/Institute:	
Exam/Index Number:		Exam/Index Number:	
Result		Result	
Subject	Grade	Subject	Grade

SCHOOLS/UNIVERSITIES/COLLEGES/PROFESSIONAL BODIES ATTENDED

Name and Address of Institutions	Dates Attended		Final Certificate or (if any) Award	Special	Year of Award	Class
	From	To				

Clearly state class and major subject of degrees, diploma or certificates and attach two copies of documentary evidence in support of each certificate.

Name three persons to whom reference may be made (at least one of these should be your Teacher at the secondary or Lecturer at the Tertiary Level of education)

Name	Position/Rank	Address

SPONSORSHIP

Give name and address of your sponsor

Name: _____

Address: _____

_____ Tel: _____

DECLARATION OF APPLICANT

I hereby declare that the information stated above is accurate in every detail to the best of my knowledge.

Signature of Applicant: *Date:* _____

FOR OFFICIAL USE ONLY	
	Signature of Officer Making Entry
Date of Purchase of Form	
Date Returned	
Receipt/Teller No. Application Fee	
Number of Postal/Money Order/Bank Draft	
Number of Documents Attached	
Result of Application	
Date Result Communicated	
Registration Number (If admitted)	