

AFRICA CENTER OF EXCELLENCE
CENTRE FOR PUBLIC HEALTH AND TOXICOLOGICAL RESEARCH
UNIVERSITY OF PORT HARCOURT



ACE PUTOR UNIPOINT

APPL/2019/PHD/PUT/.....

PASSPORT
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APPLICATION FORM

*APPLICATION FOR ADMISSION INTO POSTGRADUATE PROGRAMME
2020/2021 SESSION*

1. SURNAME (BLOCK CAPITAL):
2. OTHER NAMES
3. FORMER NAME (IF APPLICABLE, EVIDENCE SHOULD BE ATTACHED):
4. DATE OF BIRTH:
5. PLACE OF BIRTH:
6. MARITAL STATUS:
7. NATIONALITY:
8. STATE OF ORIGIN:
9. PRESENT EMPLOYMENT:
10. PRESENT ADDRESS:
11. TEL. NO:
12. EMAIL ADDRESS:

13. Educational Institutions Attended with Dates and Academic Qualifications with Dates:

INSTITUTION	QUALIFICATION	START DATE	COMPLETION DATE	GRADRCGPA

14. Current Status: Student Employed Others (please give details)
15. Sources of Funding: Personal Government Organisation None (please give details)

16. Employment History

Year	Company	Position Held	Job Description

17. Prizes/Awards

Year	Prize/Award	Awarded by

18. Language Proficiency (insert A for excellent, B for good, C for average and D for poor)

Language	Spoken	Read	Written	Diploma/score/date
English				
French				
Portuguese				
Others(s)				

19. Degree applying for:

20. Area of Specialization (if applicable):

21. Major Research Interest:

22. Study option: Full time Part-time

23. Candidate's current place of work (for part-time student):

24. Position..... For how Long?

25. INTERESTS AND MOTIVATION

What professional, culture, sports and community activities do you participate in?

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26. Have you held a position of responsibility? If yes, under what circumstances)

27. What type of career are you aiming for? (please see instruction on preparing a statement of purpose)

28. Names, Addresses and Emails of three (3) Referees:

S/N	Name	Address	Email	Phone
1				
2				
3				

29. Declaration of Applicant

I hereby declare that the particulars which I have supplied are true to the best of my knowledge and belief. I am aware that withholding or giving false information automatically disqualifies me from gaining admission. If admitted to the University, I shall regard myself bound by the rules and regulations of the university.

Signature_____

Date_____

PROSPECTUS TELLER DETAILS				
NAME OF BANK	BRANCH/LOCATION	TELLER NUMBER	AMOUNT	DATE ON TELLER
ACCOUNT OFFICER'S SIGN:			DATE:	

Email: aceputor@uniport.edu.ng

Phone: +234(0)8136592033; +234(0)8129429447

Submit this form to The Centre Leader, World Bank Africa Centre of Excellence in Public Health and Toxicological Research, Tetfund building (Opposite the University Senate building), University Park, University of Port Harcourt
OR send by email to aceputor@uniport.edu.ng, info@aceputoruniport.org

Deadline for submission is 13th March 2020