

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



No: *APPL/2018/CENME*

*APPL/2022/PHD/PUT/.....*



# APPLICATION FORM

*APPLICATION FOR ADMISSION INTO DOCTORAL PROGRAMMES*  
*2022/2023 ACADEMIC 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?

.....

.....

.....

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](mailto:aceputor@uniport.edu.ng)

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

Submit this form to The Centre Leader, 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](mailto:aceputor@uniport.edu.ng), [info@aceputoruniport.org](mailto:info@aceputoruniport.org)

**Deadline for submission is Friday 10<sup>th</sup> March 2023**