**AFRICA CENTER OF EXCELLENCE**

**CENTRE FOR PUBLIC HEALTH AND TOXICOLOGICAL RESEARCH**

**UNIVERSITY OF PORT HARCOURT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | AFD – VC4A |  |

***No: APPL/2024/PUTOR***

PASSPORT PHOTO

***APPL/2024/MSC/PUT/……………….***

**APPLICATION FORM**

***APPLICATION FOR ADMISSION INTO MASTERS PROGRAMME***

***2024/2025 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** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Current Status:  Student  Employed  Others (please give details)
2. Sources of Funding:  Personal  Government  Organisation  None (please give details)
3. Employment History

|  |  |  |  |
| --- | --- | --- | --- |
| Year | Company | Position Held | Job Description  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Prizes/Awards

|  |  |  |
| --- | --- | --- |
| Year | Prize/Award | Awarded by |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. 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) |  |  |  |  |

1. Degree applying for:
2. Area of Specialization (if applicable):
3. Major Research Interest:
4. Study option:  Full time  Part-time
5. Candidate’s current place of work (for part-time student):
6. Position……………………………………………………………. For how Long? ……………………………………………..
7. INTERESTS AND MOTIVATION

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

1. Have you held a position of responsibility? If yes, under what circumstances)
2. What type of career are you aiming for? (Please see instruction on preparing a statement of purpose)
3. Names, Addresses and Emails of three (3) Referees:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S/N | Name | Address | Email | Phone |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

1. 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 REMITA NUMBER AMOUNT DATE ON TELLER |
|  |
| ACCOUNT OFFICER’S SIGN: DATE: |

Email: aceputor@uniport.edu.ng Phone: +234(0)7018285531, +234(0)8129429447, +2348068891060 (Accounts)

Completed Form should be returned to: The Centre Leader, Africa Centre of Excellence in Public Health and Toxicological Research (PUTOR), East-West Road, Opposite the Choba Area Police Command, University of Port Harcourt, Choba OR Email to aceputor@uniport.edu.ng, adminaceputor@uniport.edu.ng

**Deadline for submission is Friday 7th February 2025**