



KM. 8.5, AFE BABALOLA WAY, ADO-EKITI, EKITI STATE, NIGERIA. P.M.B 5454 ADO-EKITI.

CHANGE OF INSTITUTION FORM

1. STUDENT`S PERSON	AL DATA		
(A) Name: SURNAME	MIDDLE	FIRST	
		DATE OF BIRTH:	
		STATE OF ORIGIN:	
(F) LOCAL GOVERNMENT	AREA:		
(G) CONTACT ADDRESS: _			
2A. DETAILS OF O'LEVE		2B. DETAILS OF O'LEV	
Examination:		Examination:	
Year of Examination:		Year of Examination:	
Reg. Number: Subject (s)	Grade	Reg. Number: Subject (s)	Grade

3. UTM EXAMINATION DETAILS

(A)

Regist	ration Number:	
Year o	f Examination:	
Subjec	et (s)	Score
	Use of English	
	Aggregate	

(B) PREVIOUS CHOICES

Choice	Institution	Course	Course Code
1st Choice			
2 nd Choice			

4. NEW CHOICE: PLEASE STATE UNIVERSITY/COURSE

Institution	Course

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I	DO SOLEMNLY DECLARE
THAT THE INFORMATION ABOVE IS CO	
KNOWLEDGE.	
• • • • • • • • • • • • • • • • • • • •	•••••
SIGNATURE	DATE

6. FOR OFFICIAL USE

NAME, SIGNATURE AND DATE

Checked by	
Approved by	
Remarks	

NOTE:

This form should be submitted in triplicates. Attach photocopies of O' Level Results/ JAMB Slip/Results and receipts of purchase.

ANY FALSE DECLARATION RENDERS THIS FORM/ADMISSION INVALID