



Passport

# MERCYMEDICALUNIVERSITY

PMB 423, Iwara via Iwo Osun State.

## UNDERGRADUATESTUDENTADMISSIONFORM

Full Name (Surname First) .....

Address .....

JAMB Registration No. ....DOB.....

JAMB Score .....

SUBJECT	ENGLISH	CHEMISTRY	PHYSICS	BIOLOGY	TOTAL
SCORE					

Proposed Course (1) .....(2).....

Telephone No. .... Whatsapp No.....

Email Address .....

O'Level Result (Exam Name & Year) .....

S/N	SUBJECTS	GRADE
1.	English Language	
2.	Mathematics	
3.	Chemistry	
4.	Physics	
5.	Biology	

**NB: Please attach photocopies of O'Level & JAMB Results with Birth Certificate  
Please pay the sum of ₦10,000.00 into Account Number 1003423746 with Lotus Bank**

Student's Signature .....

### OFFICIAL USE

Generated Score .....

Recommended Course .....

Registrar's Signature .....

**Please send the completed form with evidence of payment to**  
**[admissionofficer@mercymedicaluniversity.edu.ng](mailto:admissionofficer@mercymedicaluniversity.edu.ng)**