



MERCY MEDICAL UNIVERSITY
PMB 423, Iwara via Iwo
Osun State.

Passport

UNDERGRADUATE STUDENT ADMISSION FORM

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 0090013888 with Sterling 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**