



FEDERAL SCHOOL OF OCCUPATIONAL THERAPY OSHODI - LAGOS

Website: www.fsotoshodi.edu.ng

Affix Two
Passport
Photograph
here

Form

APPLICATION FORM FOR ADMISSION INTO THE DIPLOMA IN OCCUPATIONAL THERAPY PROGRAMME

...../.....SESSION

A. PERSONAL INFORMATION OF APPLICANT

SURNAME: _____

MIDDLE NAME: _____ LAST NAME: _____

DATE OF BIRTH: _____ AGE: _____ SEX: _____
(DD/MM/YY)

PLACE OF BIRTH: _____

MARITAL STATUS: _____

NATIONALITY: _____ STATE OF ORIGIN: _____

LOCAL GOVT. AREA: _____

HOME ADDRESS: _____

TEL. NUMBER: _____

POSTAL ADDRESS: _____

OFFICE ADDRESS: _____

TEL. NUMBER: _____

B. NEXT OF KIN

NAME: _____

CONTACT ADDRESS: _____

TELEPHONE NUMBER: _____

RELATIONSHIP TO THE APPLICANT: _____



C. EDUCATIONAL INFORMATION

PRIMARY SCHOOL

NAME AND ADDRESS OF SCHOOL	FROM	TO	CERTIFICATES OBTAINED WITH DATES

D. SECONDARY SCHOOL

NAME AND ADDRESS OF SCHOOL	FROM	TO	CERTIFICATES OBTAINED WITH DATES	EXAM

E. OTHER QUALIFICATIONS OBTAINED WITH DATES

QUALIFICATION	DATE



F. DECLARATION BY APPLICANT

I, _____ HEREBY
DECLARE THAT THE INFORMATION GIVEN ABOVE ARE TRUE TO THE BEST
OF MY KNOWLEDGE AND BELIEF. I PROMISE TO ABIDE BY RULES AND
REGULATION OF THE SCHOOL IF ADMITTED.

NAME _____ SIGNATURE _____

G. RECOMMENDATION BY SPONSOR

Comment freely on the applicant (especially his/her suitability to undertake this course of study)

I/ We hereby agree to sponsor Mr//Miss/Mrs _____
if offered admission into the school.

NAME _____

POSITION: _____

OFFICE ADDRESS: _____

SIGNATURE:

OFFICIAL STAMP AND DATE:



FOR OFFICIAL USE ONLY		
PRE -EXAMINATION SCREENING		
SUBJECT		GRADE
S/N		
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
REMARKS		QUALIFIED
		NOT QUALIFIED

NAME OF OFFICER SCREENING _____

SIGNATURE AND DATE: _____

COUNTERSIGNING OFFICER: _____

SIGNATURE AND DATE: _____