OBAFEMI AWOLOWO UNIVERSITY, ILE-IFE.
CENTRE FOR DISTANCE LEARNING
PRE-DEGREE PROGRAMME

REGISTRATION FOR 2014/2015 OAU PRE-DEGREE PROGRAMME

IMPORTANT NOTICE: Please read carefully

1. RESUMPTION:
Resumption dates are scheduled as follow;

- **Tuesday, 25th November, 2014** - Biology/Chemistry/Physics (BCP)
- **Wednesday, 26th November, 2014** - Chemistry/Mathematics/Physics (CMP)
  - Geography/Mathematics/Physics (GMP)
  - Economics/Government/Mathematics (EGM)
- **Thursday, 27th November, 2014** - Government/Lit./Rel. Studies (GLR)
  - Mathematics/Geog./Economics (MGE)
  - Economics/Govt/Literature in Eng. (EGL)

2. PARENTS’ FORUM:
There will be Parents’ Forum at **12.00 Noon each day**. All parents are expected to be present

3. REGISTRATION / SCREENING:
You are to present the following for registration on resumption:

i. Original and photocopy of your **admission letter**
ii. Downloaded copy of **medical history and examination form** duly signed and stamped compulsorily from a **government hospital**.
iii. Downloaded copy of CDL **Clinic Biodata** duly completed
iv. A downloaded copy of **oath form** duly completed and signed by both parent and student on a postal stamp of ₦50.00. (Make a photocopy for yourself and keep for orientation day.)
v. Originals and photocopies of your **credentials** (WAEC, NECO, etc.)
vi. 3 Copies of your **Hostel allocation Slip**
vii. **Proof of payments** (original Copies of your e-payment documents)
viii. Six passport photographs

You are to report to the **Centre for Distance Learning Campus, Moro, Ife-North Local Government** and bring along the following:

- A 2x6 mattress, a pillow (For students allocated to hostels outside campus only)
- Cooking utensils and other Items of convenience
OATH

Mr./Mrs./Miss __________________________________________
(Surname) (First Name) (Middle Name)
(All names should be written in Capital)

“On admission to the Centre for Distance Learning Pre-Degree Programme of Obafemi Awolowo University, I solemnly and sincerely promise and declare that I will pay due respect and be obedient to the Director, and other Officers of the Centre for Distance Learning. I will faithfully observe all regulations and Code of Conduct for students which may from time to time be issued by the authorities for the good order and governance of the Pre-Degree Programme. I, also declare that whether as an individual or as a member of any hostel or subject group will make restitution for damage done to school, hostel or public property in which I am involved.

In addition, I faithfully promise to refrain from any act of violence, unlawful procession, physical combat within the school, hostel and the community and other actions capable of disrupting the work of the Centre for Distance Learning Pre-Degree programme or likely to bring the University and Centre for Distance Learning into disrepute.

I realize I am a pre-degree student, and not yet an undergraduate, therefore I in no way have any business with the OAU Students Union.

I pledge that I will never join any unlawful society as long as I am a student of the Pre-Degree Programme of Obafemi Awolowo University and I will never participate or take part in any activity not authorized by the school authority and I will bring to the attention of the School authorities the existence and plan of such societies that may come to my knowledge.

I also pledge that all rules, regulations and code of conduct as they affect the Hostel shall be duly observed.

I shall abide by any disciplinary action taken against me if found guilty of violating any of the school and hostel’s code of conduct.”

_________________________________________  __________________________________________
Signature of Student & Date                Name and Signature of Parent & Date

Affix a ₦50 Postal Stamp here

FOR OFFICE USE

Administrative Secretary: _______________________
Coordinator, Pre-Degree Programme: _______________________

NOTICE: IT IS MANDATORY THAT THIS OATH FORM IS SUBMITTED TO THE CENTRE FOR DISTANCE LEARNING ON RESUMPTION
MEDICAL HISTORY AND EXAMINATIONS

Student’s Name (Surname first): ________________________________________________________________

Student’s Subject Combination: _______________________________ Registration No: ________________

Students are required to fill this form honestly and concisely for their benefits. Answer “YES” or “NO” and give specific information as appropriate.

Make sure that your correct state of health is written in this form and signed by appropriate personnel. Note that the Centre will not be held responsible for any sickness or disease of any student that is not indicated in this Medical Health Form.

1. Do you have any history of tuberculosis? ............
2. Have you been diagnosed with pneumonia before? ............
3. Are you a sickler (Sickle Cell)? ........
4. Are you asthmatic? Yes ........ or No ........
4a. If yes how regular is the attack? ......................
4b. which drug do you use against the attack? ..............................................................
5. Have you been diagnosed with stomach ulcer? ..................
5b. If yes, indicate the drugs recommended for you .........................................................

6. How often do you have malaria attack and which drug do you use? ................................
7. Do you have migraine? Yes ...... No...... If yes, which drug do you use? ........................
8. Have you been diagnosed with typhoid fever before? Yes ....... No ........
   If yes, which drug do you use? ........................................................................................
9. Do you have any type of skin disease? Yes ........ No........
   If Yes, Which drug do you use? ....................................................................................
10. Do you have any history of epilepsy? Yes......... No........
    If yes, when and how were you treated? ........................................................................
11. Do you have haemorrhoid? Yes .......... No .......... 
   If Yes, What is your regular Drug? ........................................................................................................
12. Have you ever been admitted for mental illness before? Yes....... No ....... If Yes, When and which 
   drug were you given? ................................................................................................................................
13. Do you have any disability? Yes..... No ...... If Yes, state the type: .............................................................
14. Any Frequent Ailment: Yes ...... No ........
   If yes, State type (indicate if special medication is required) ........................................................................
15. State any other diseases (including contagious diseases) and indicate the method/drug used for 
   your treatment: Disease(s): ............................................................................................................................
   Treatment/Drug: ...........................................................................................................................................
   .................................................................................................................................................................

Student’s Attestation – I have filled this form honestly and given the correct state of my health.

________________________________________
Student’s Signature

MEDICAL TESTS: All candidates are to carry out the following medical tests.

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<thead>
<tr>
<th>TEST</th>
<th>RESULTS</th>
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<tbody>
<tr>
<td>Chest X-ray</td>
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<tr>
<td>Blood Test</td>
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<tr>
<td>(a) Full blood count</td>
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<tr>
<td>(b) Haemoglobin Genotype &amp; Blood Group</td>
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<tr>
<td>(c) Urine Test (Urinalysis)</td>
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Physician Attestation – I have reviewed the student’s medical history and I certify that he/she has 
given accurate answers and descriptions as necessary.

Physician’s Name: ..............................................................................................................................................
Address: ...............................................................................................................................................................

________________________________________
Physician Signature/Date/Stamp
<table>
<thead>
<tr>
<th>Surname</th>
<th>Other Names</th>
<th>Entrance Examination Number</th>
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<thead>
<tr>
<th>Home Address</th>
<th>Age</th>
<th>Sex</th>
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<table>
<thead>
<tr>
<th>Mobile Phone Number</th>
<th>Date of Birth</th>
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<tr>
<th>Place of Birth</th>
<th>Religion</th>
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<table>
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<tr>
<th>Name of Parent/Guardian</th>
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<table>
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<th>Address of Parent/Guardian</th>
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<tr>
<th>Mobile Phone Number(s) of Parent/Guardian</th>
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[Please fill this form carefully; bring it along with you during the screening exercise]