(OFFICE OF THE REGISTRAR: ACADEMIC DIVISION)

Our Ref: BASUG/RA/A.1/14/15/1



P.O. BOX 65
GADAU MAIN CAMPUS
ITAS/GADAU L.G.A
BAUCHI STATE, NIGERIA
www.basug.edu.ng
e-mail:
registrar@basug.edu.ng

OFFER OF PROVISIONAL ADMISSION 2014/2015 SESSION

With reference to your application for admission into this University as a student, I have the p	leasure to inform
you that you have been offered provisional admission into the Department of	in the Faculty of
to undertake a four year course leading to the award of	

- 1. The offer is subject to the confirmation of your suitability as a student on the basis of the qualifications listed in your application form. You will therefore be required to produce the originals of your Certificate(s)/Statement of Results. For candidates who obtained their O level results in the year 2008 or earlier, only original certificates will be accepted for registration.
- 2. Please note that if at any time after your registration it is discovered that you do not possess the qualification(s) on the basis of which you were offered admission, or you gave any other false information in your application form.
- 3. You will require to have been declared medically fit by a qualified Medical Practitioner acceptable to University before you are allowed to register. The attached Medical Examination form should therefore be duly completed by such a qualified Medical Practitioner and returned by you before registration.
- 4. Only limited Medical facilities are available for students in the University. Students are therefore advised to make adequate financial arrangement for additional medication/hospitalization in case(s) of major aliments.
- 5. Students are required to report immediately. The offer lapses at the close of registration.
- 6. You must be decent in your mode of dressing and as such no loose, wired, seductive or provocative mode of dressing is allowed.
- 7. You must obtain clearance from the department before making any payment as there would be no refund of fees after issuance of receipts.
- 8. Payment of fees must be made in full.
- 9. That the particulars given in your application form are found to be correct.
- 10. That you will present at the time of registration the originals of your credentials, certificate of indigene, certificate of birth or declaration of age, 4 identical colored passport size photographs, direct print out of your on-line SSCE statement of Results or Original SSCE Certificate (No photocopies required)
- 11. That whenever it is discovered that you have used forged the entry requirements, the admission will be withdrawn and appropriate penalty/law will be applied.
- 12. The registration fees is Twenty-Three Thousand Naira (N23,000:00) only.
- 13. Accommodation (optional) is available at N10,000:00 per bed space.

Please accept my congratulations

M.M. Usman Registrar

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MEDICAL EXAMINATION OF PROSPECTIVE STUDENT

out Medical Examination and complete P	of this form and then pass it on to qualified Medical practitioner who will Part II of the Form. Thereafter, the form should be returned to the Reg
Bauchi State University, Gadau. The information supplied will be treated as	s confidential.
Full Manage	t I (To be completed by the Student) Sex
Date of Birth:	Marital Ctatus
Number of Children:	
Department of	
	<u> </u>
·	Personal Health History
Have you ever been admitted into a ho (If the answer is Yes, s	Personal Health History ospital as an in-patient. [Yes]/[No] state reason, duration, name of the hospital and date.)
Have you ever been admitted into a ho (If the answer is Yes, see Have you suffered from or do you suffered from the second seco	Personal Health History ospital as an in-patient. [Yes]/[No] state reason, duration, name of the hospital and date.) er from any of the following:
Have you ever been admitted into a ho (If the answer is Yes, see Have you suffered from or do you suffer Tuberculosis [Yes]/[No]	Personal Health History ospital as an in-patient. [Yes]/[No] state reason, duration, name of the hospital and date.) er from any of the following: Epilepsy [Yes]/[No]
Have you ever been admitted into a ho (If the answer is Yes, see Have you suffered from or do you suffer Tuberculosis [Yes]/[No] Hypertension [Yes]/[No]	Personal Health History ospital as an in-patient. [Yes]/[No] state reason, duration, name of the hospital and date.) er from any of the following:
Have you ever been admitted into a ho (If the answer is Yes, see Have you suffered from or do you suffer Tuberculosis [Yes]/[No] Hypertension [Yes]/[No] Pile [Yes]/[No]	Personal Health History Ospital as an in-patient. [Yes]/[No] state reason, duration, name of the hospital and date.) er from any of the following:
Have you ever been admitted into a ho (If the answer is Yes, s Have you suffered from or do you suffer Tuberculosis [Yes]/[No] Hypertension [Yes]/[No] Pile [Yes]/[No] Diarrhea [Yes]/[No]	Personal Health History ospital as an in-patient. [Yes]/[No] state reason, duration, name of the hospital and date.) er from any of the following:
Have you ever been admitted into a ho (If the answer is Yes, see Have you suffered from or do you suffer Tuberculosis [Yes]/[No] Hypertension [Yes]/[No] Pile [Yes]/[No]	Personal Health History Ospital as an in-patient. [Yes]/[No] state reason, duration, name of the hospital and date.) er from any of the following:
Have you ever been admitted into a ho (If the answer is Yes, s Have you suffered from or do you suffer Tuberculosis [Yes]/[No] Hypertension [Yes]/[No] Pile [Yes]/[No] Diarrhea [Yes]/[No] Hepatitis [Yes]/[No]	Personal Health History ospital as an in-patient. [Yes]/[No] state reason, duration, name of the hospital and date.) er from any of the following: Epilepsy [Yes]/[No] Peptic Ulcer [Yes]/[No] Diabete [Yes]/[No] Gonorrhea [Yes]/[No] Please Specify [Yes]/[No] Please Specify
Have you ever been admitted into a ho (If the answer is Yes, see that you suffered from or do you suffer Tuberculosis [Yes]/[No] Hypertension [Yes]/[No] Pile [Yes]/[No] Diarrhea [Yes]/[No] Hepatitis [Yes]/[No] Have you been immunized against any	Personal Health History Ospital as an in-patient. [Yes]/[No] state reason, duration, name of the hospital and date.) er from any of the following: Epilepsy [Yes]/[No] Peptic Ulcer [Yes]/[No] Diabete [Yes]/[No] Gonorrhea [Yes]/[No] Please Specify [Yes]/[No] Please Specify [Yes]/[No] Please Specify [Yes]/[No]
Have you ever been admitted into a ho (If the answer is Yes, s Have you suffered from or do you suffer Tuberculosis [Yes]/[No] Hypertension [Yes]/[No] Pile [Yes]/[No] Diarrhea [Yes]/[No] Hepatitis [Yes]/[No]	Personal Health History Ospital as an in-patient. [Yes]/[No] state reason, duration, name of the hospital and date.) er from any of the following: Epilepsy [Yes]/[No] Peptic Ulcer [Yes]/[No] Diabete [Yes]/[No] Gonorrhea [Yes]/[No] Please Specify [Yes]/[No] Please Specify [Yes]/[No] Please Specify [Yes]/[No]

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Part II (To be completed by the Doctor)

Height	Metres	Weight	Kilogrammes
VISUAL ACUITY Without glasses		R.6/6 L6/6	
HEARING Left		CIRCULATORY SYSTEM Heart Sound	
Right		Pulse	
Condition of ear drum	ns	Blood Pressure	
RESPIRATORY SYSTEM	М	ABDOMEN Liver	
		Spleen	
		Hernia	
CENTRAL NERVOUS S	YSTEM	URINE ANALYSIS	
		Albumen	
		Sugar	
CHEST X-RAY			
Any other comments	by the Medical Practitioner:		_
	_		_
Name of Doctor: _			-
Signature: _			
Qualification : _			
Adress:			

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VERIFICATION OF REGISTRATION REQUIREMENTS

ITEMS	REMARKS	SIGNATURE OF VERIFYING	
		OFFICER	
Admission Letter			
Certificates			
Medical Certificate of Fitness			
Receipt for Deposit Receipt			
No			

CERTIFICATE(S) (O/L) INDICATE IN BRACKET TYPE & YEAR OF EXAM e.g Eng Lang. C5 (WAEC 2001)

S/NO	SUBJECT	GRADE OBTAINED	REMARKS (FOR OFFICE
			USE)
1			
2			
3			
4			
5			
6			
7			
8			
9			

SIGN. OF REGISTRATION OFFICER SIGN. OF STUDENT & DATE

BAUCHI STATE UNIVERSITY, GADAU (OFFICE OF THE REGISTRAR: ACADEMIC DIVISION)

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FROI	M:						TO:		
							The Regist Bauchi Sta	trar ate Univers	ity, Gadau
		ACCEPT	ANCE OF O	FFER OF PROVI	SIONAL ADMIS	SION F	OR 2014/2	2015	
I ref	er to your	letter of o	offer of Pro	visional Admiss	sion reference	numb	er		and wish to
here	by accept th	he offer und	ler all the co	onditions stipula	ated in the lette	r.			
I no	te that the	offer is in	the depart	ment of			fo	r a [four]	years course
lead	ing to the av	ward of Deg	ree of the E	Bauchi State Uni	versity, Gadau.				
I	have	paid	your	Bursar's	Office	,	the	sum	0
				N	lairaKobo	and	obtained	an official	receipt with
rece	ipt number:			On this day	of			2	0
Stud	ent's Signat	ture					Date		

BAUCHI STATE UNIVERSITY, GADAU (OFFICE OF THE REGISTRAR: ACADEMIC DIVISION)

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MATRICULATION OATH

I,	
of the Department of :	-
in the Faculty of:	_
i. That I will abide by all the rules and regulations of Bauchi State University, Gadau.	
ii. That I will be loyal and obedient to the constituted authority of the Institution.	
iii. That the qualification(s) and other credentials claimed by me which formed the basis for my	admission
into the University is (are) to the best of my knowledge true and	
iv. That if at any time during my course it (they) is (are) found to be false, I will accept any disci	plinary
aaction which the University will deem necessary to take against me.	
So help me God/Allah	
Name:	
Signature:	
Registration No.:	
Course and Level of Study:	
Expected year of completion:	
Commissioner of Oaths:	

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FORM A2

STUDENTS OATHS FORM

l,		of (home address): Bauchi State	Universi	ty, Gadau do make and
swear	as follows:-			
1.	That I have never been a	member of any secret cult.		
2.	That I will not be a memb	per of any secret cult.		
3.	That I make this declarat	ion conscientiously believing the same to b	e true an	d in accordance with
	the Statutory Declaration	n Act, 1963.		
		Signature of Declarant and Date		
	Sworn to at	Registry this	day of	20
		Before me:		

COMMISSIONER FOR OATHS

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FORM A4

STUDENTS NEXT-OF-KIN FORM

(To be completed in duplicate)

Fu	Ilname:
	te of Birth
	tionality:
	ate of Origin
LG	A:
	X:
Ma	arital Status
	ligion::
GS	M No.;
Pe	rmanent Home Address:
De	partment:
	ogram of Study:
Se	ssion:
Na	mes and Address of two Next-of-Kin to be contacted in case of emergency:
1.	Name:
	Address
	Relationship
	G.S.M No.:
2.	Name:
	Address
	Relationship
	G.S.M No.:
	Name and Address of Sponsor (if any):

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DRESS CODE

Indecent Dressing refers to any type of dressing that exposes the part of the body that, in most cases, cause reasonable people to frown at your person. It is mandatory on all students to comply the University's Dress Code. Failure to comply with the Dress code attracts appropriate disciplinary measure(s).

Practically, it is explained here under for you as follows:

FOR FEMALE

hair.

6. One hand Top/Blouse:

FOR MALE

1. Braided Hair: Plaiting your hair like that of a woman.

2. Painted Nails: Applying nail polish on nails or allowing nails to be dirty and very long.

3. Sleeves Tops: Tops that are supposed to be used indoors or worn underneath shirts but

are worn to classes and other places not meant for them.

4. Jerry Curling Hair: Applying chemicals on your hair to give it curling look as that of a lady.

5. Boxers: Shorts that are supposed to be used indoors for relaxation or worn

underneath trousers which often times are placed above the trousers

Dresses that have only one hand thereby exposing the burst and armpit

thereby making the person look irresponsible.

Indecent dressing is mark of irresponsibility and gives people the impression of your type of personality. In effect, the way you dress has a close relationship with your entire being. It is therefore, important that you pattern your life the way it would be beneficial to you now and in future.