



SPRING-UP COLLEGE OF HEALTH SCIENCE AND TECHNOLOGY, ONDO.

BESIDE VIO OFFICE, ONDO-ORE ROAD, OKA FFF, ONDO CITY, ONDO STATE.

DEPARTMENTAL SCREENING FORM

CANDIDATE'S NAME:
PROPOSE COURSE:
STATE OF ORIGIN:
ADDRESS:

0'L LEVEL

1ST SITTING

WAEC: () NECO: () NABTEB: ()

CENTRE NUMBER: CANDIDATE NUMBER:

AWAITING RESULT: YES () NO ()

SUBJECT	REMARK	GRADE
MATHMATICS		
CHEMISTRY		
PHYSICS		
BIOLOGY		
ENGLISH LANGUAGE		

2ND SITTING

WAEC: () NECO: () NABTEB: ()

CENTRE NUMBER: CANDIDATE NUMBER:

AWAITING RESULT: YES () NO ()

SUBJECT	REMARK	GRADE
MATHMATICS		
CHEMISTRY		
PHYSICS		
BIOLOGY		
ENGLISH LANGUAGE		

CBT DEPARTMENTAL SCREENING SCORE	
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OFFICIAL USE

COURSE APPROVED
DATE OF SCREENING
COMMENT OF THE SCREENING OFFICER

DECLARATION

I have read and understand the requirement contained in this form and hereby declare that the information here are true and correct.

APPLICANT'S SIGNATURE

**MISS AKINLADE W. ANUOLUWAPO
ADMISSION OFFICER**

NOTE:

SUCCESSFUL CANDIDATE MUST SUBMIT THE FOLLOWING REQUIREMENTS:

- 1. APPLICATION FORM WITH THE E-RECEIPT**
- 2. SCHOOL FEE RECEIPT**
- 3. LETTER OF UNDERSTANDING**
- 4. LETTER OF ATTESTATION**
- 5. ADMISSION NOTIFICATION SLIP WITH ACCEPTANCE FEE RECEIPT**
- 6. LETTER OF ACCEPTANCE, GUARANTOR FORM**
- 7. O'LEVEL RESULT/CERTIFICATE**

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