



CHRISLAND UNIVERSITY

ADMISSION FORM 2025/2026 SESSION

Name **Evelyn Oloyede Adebukola**
 Academic Session **2025/2026**
 Gender **Female**
 Religion **Christianity**
 Nationality **Nigerian**



Hometown **None** Marital Status **Single**
 Local Government **Abeokuta North** Date of birth **2004-05-03**

CONTACT INFORMATION

Phone number **08066468927**
 Email **eviebella989@gmail.com**
 Address **Block 3, Plot 8 Presidential**
Mandate Scheme Idi Aba Olokuta
Abeokuta Ogun State

Postal address **None**
 State of residence **Ogun**

PARENT/GUARDIAN INFORMATION

Name **None** Occupation **None**
 Relationship **None** Phone **None**
 Email **None** Address **None**

SPONSOR INFORMATION

Name **Hon. Justice Olusola Stephen Oloyede** Phone number **08023070531**
 Email **olusolaoloyede13@yahoo.com** Address **Block 3 plot 8 presidential mandate scheme idi aba olokuta abeokuta Ogun state**

NEXT OF KIN INFORMATION

Name **None** Relationship **None**
 Phone **None** Address **None**

PROGRAMME INFORMATION

First Choice: **Bnsc Nursing** **Second Choice:** **None** **Application type:** **Direct Entry**

JAMB INFORMATION

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|-----------------|------|---------------|------|---------------------------------|------|
| Reg No.: | None | Score: | None | Subject Combination: | None |
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Declaration/Undertaking: This is to certify that all the information supplied above is correct to the best of my ability. I undertake that Chrisland University should withdraw my admission at any time it is discovered that I provided false/misleading information

Signature:

Candidates should print the completed form, sign in ink and come along with the signed application form for the post-utme screening.