



**NUGAAL UNIVERSITY OFFICE OF REGISTRAR**  
**Lasanod Main campus Application form**

ID NO: _____
Department: _____

The following is comprehensive of all degree programmes offered by Nugaal University considering your interest, abilities, motivation and Secondary achievement, choose the degree program you desire to pursue in the box corresponding to that program.

**NOTE**

To qualify for a degree of all the program ,you should have collected a minimum grade of “A” or “B+” in Secondary Achievement.

<b>Part 1 : Personal details</b>				
Full Name			PHOTO	
Mother`s Name				
Mobile		Telephone ( Line )		
Email Address				
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married	Nationality		
Gender : Male	<input type="checkbox"/>	Female : <input type="checkbox"/>	Date of birth	

<b>Part 2 : Level Of Education</b>	
Secondary School	<p align="center"><b>Please select only one</b></p> <input type="checkbox"/> Secondary School leave ; <input type="checkbox"/> Vocational training
	Name of the Secondary school / VT :
	Place :
Year Completed	
Grade Obtained	

**Part 3 : Application Details**



<b>Please Select One in Plan A and One in Plan B</b>			
Department	<b>Plan A</b>		<b>Plan B</b>
	<input type="checkbox"/> Sharia and Islamic Studies		<input type="checkbox"/> Sharia and Islamic Studies
	<input type="checkbox"/> Computer Science		<input type="checkbox"/> Computer Science
	<input type="checkbox"/> Business Administration		<input type="checkbox"/> Business Administration
	<input type="checkbox"/> Education		<input type="checkbox"/> Social work and Development
	<input type="checkbox"/> Community Development		<input type="checkbox"/> Agra And animal Science
	<input type="checkbox"/> Agri & Animal Science		<input type="checkbox"/> Economics and Islamic Banking
	<input type="checkbox"/> Clinical Health		<input type="checkbox"/> Midwifery
	<input type="checkbox"/> Public Health		<input type="checkbox"/> Medicine and surgery
	<input type="checkbox"/> Nutrition		<input checked="" type="checkbox"/> Clinical Health/Public Health
	<input checked="" type="checkbox"/> Economics and Islamic Finance		<input checked="" type="checkbox"/> Civil Engineering
	<input type="checkbox"/> Nursing Degree		<input checked="" type="checkbox"/> Master of Business Administration
	<input type="checkbox"/> Public Administration		<input checked="" type="checkbox"/> Master of Agribusiness
	<input checked="" type="checkbox"/> Laboratory		<input checked="" type="checkbox"/> Nursing Degree
	<input checked="" type="checkbox"/> Dentistry		
Academic Year		Semester	

#### **Part 4 : Applicant (Student) Type**

- First time enrolling at the University.
- NU Previous Students (Returning Student).  
**Please write your Previous Student ID NO :** \_\_\_\_\_
- New Student with other College Credit.  
**Please Write College/University Name :** \_\_\_\_\_  
**Place :** \_\_\_\_\_ **Year Enrolled :** \_\_\_\_\_  
**Year Finished :** \_\_\_\_\_ **ID NO :** \_\_\_\_\_  
**Reason left :** \_\_\_\_\_  
 \_\_\_\_\_

#### **Part 5 : Reference**

**Please supply two references**

- Name : \_\_\_\_\_  
 Relation : \_\_\_\_\_ Mobile : \_\_\_\_\_  
 Address : \_\_\_\_\_
- Name : \_\_\_\_\_  
 Relation : \_\_\_\_\_ Mobile : \_\_\_\_\_  
 Address : \_\_\_\_\_

