

# UNIVERSITY OF LAGOS

## DATA CAPTURE FORM

Surname

First Name

Other Names

Sex

Matric No

Faculty

Department

Course of Study  Full Time  Part Time

Year of Admission

Present Year/Level

Blood Group

Accommodation On Campus  Off Campus

E-mail Address

Nationality

State of Origin

L.G.A

Perm. Home Address

Postal Address

\_\_\_\_\_  
Student's Signature