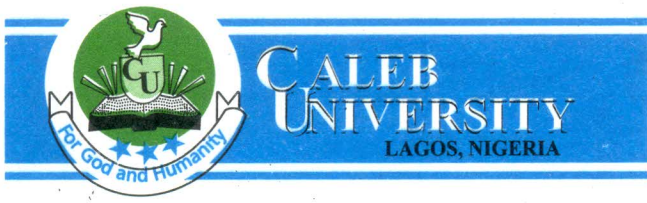


APPLICATION FORM NUMBER  
**CUL**



*Affix  
Passport  
Photograph*

COURSE OF STUDY

**CALEB UNIVERSITY**  
Km. 15, Ikorodu, Itokin Road, Imota, Lagos.  
Tel: 01-7647312, 01-8517711

(Candidate to indicate Course of Study)

**APPLICATION FORM**  
FOR ENTRY TO DEGREE (FULL TIME) COURSES

\_\_\_\_\_ SESSION

**FORM A**



(Officer making entry must initial and date each entry)

Date Application Form was Issued.....

Bursary Receipt Number.....

Entry Requirement	Score	Weighted Score
i. BQ		
ii. CUSAT		
iii. INTERVIEW		
iv. UTME		
<b>TOTAL</b>		

Admitted/Not Admitted

Signature

Recommendation from College

This candidate can Matriculate

This candidate cannot matriculate

Reason(s)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature

**TO THE APPLICANT**

- i. The applicant is advised to read through this form carefully before filling it.
- ii. The completed form together with two self-addressed. N50.00 stamped envelopes and all other attachment should be sent to the place of purchase.
- iii. The information required to be given in the application form will be treated confidentially and will be used only by the University..
- iv. Affix a copy of a recent passport photograph in the box provided above

**PLEASE PRINT ALL ENTRIES LEGIBLY  
(IN BLOCK LETTERS)**

UTME Regn. No.
UTME SCORE: 20

- 1. Full Name: \_\_\_\_\_  
Mr/Mrs/Miss: \_\_\_\_\_  
Surname:
- Maiden Name: \_\_\_\_\_  
(for married women only)
- First Name: \_\_\_\_\_
- Middle Name: \_\_\_\_\_  
(Please attache photocopy of change of name if applicable)
- 2. Postal Address: \_\_\_\_\_  
\_\_\_\_\_
- Telephone (indicate Country Code) \_\_\_\_\_
- E-mail Address: \_\_\_\_\_
- 3. Permanent House Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. SEX: (Mark X in the appropriate box) Male  Female

5. DATE OF BIRTH: \_\_\_\_\_

Day Month Year  
(Please include a photocopy of birth certificate or evidence of date of birth)

6. STATE OF ORIGIN: \_\_\_\_\_ LGA: \_\_\_\_\_

7. NATIONALITY: \_\_\_\_\_

8. RELIGION: \_\_\_\_\_

9. NAME, ADDRESS AND PHONE NUMBER OF NEXT OF KIN (To be contacted in case of emergency)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. DO YOU HAVE ANY PHYSICAL DISABILITY? IF SO WHAT IS THE NATURE OF THE DISABILITY?

11. HOW DO YOU COME TO KNOW THE UNIVERSITY

NEWSPAPER  TELEVISION  RADIO  BILLBOARD  POSTERS/FLIERS  STUDENT   
STAFF  PARENT  INTERNET

12. DETAILS OF PROPOSED DEGREE PROGRAMME OF STUDY IN CALEB UNIVERSITY

I. COLLEGE.....

II. PREFERRED COURSE:

1ST CHOICE	2ND CHOICE

13. POST PRIMARY INSTITUTION(S) ATTENDED WITH DATES

Date of attendance

	Date of attendance	
	FROM	TO

14. EXAMINATION TAKEN WITH DATES:

Where the examinations are taken on more than one occasion, the applicant must indicate correctly and clearly the year, the examination number and grades obtained at each attempt. Please enclose photocopies of certificates.

A School Certificate or G.C.E. O/L

Subject	Year	Examination Number	Grade

