

APPLICATION FORM NUMBER  
CUL \_\_\_\_\_



Empty box for pasting a recent passport photograph.

COURSE OF STUDY  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Candidate to Indicate Course of study)

**CALEB UNIVERSITY**  
Km. 15, Ikorodu, Itoikin Road, Imota, Lagos.  
Tel: 01-2910685, 01-2910685  
**COLLEGE OF POSTGRADUATE STUDIES**

# APPLICATION FORM

\_\_\_\_\_ **Session**

## OFFICE USE ONLY

(Officer making entry must initial and date each entry)

Date Application Form was Issued: \_\_\_\_\_

Bursary Receipt Number: \_\_\_\_\_

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 College of Postgraduate Studies.
- 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)

- 1. Surname: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
Maiden Name(If Married): \_\_\_\_\_
- 2. Postal Address: \_\_\_\_\_  
\_\_\_\_\_  
Mobile: \_\_\_\_\_  
E-mail: \_\_\_\_\_
- 3. Permanent Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

5. MARITAL STATUS: Single

6. DATE OF BIRTH: (Day/Month/Year) \_\_\_\_\_

Married

7. STATE OF ORIGIN: \_\_\_\_\_

Widow

8. NATIONALITY: \_\_\_\_\_

Widower

9. RELIGION: \_\_\_\_\_

10. NAME OF NEXT OF KIN: \_\_\_\_\_

11. ADDRESS OF NEXT OF KIN: \_\_\_\_\_  
\_\_\_\_\_

12. COURSE OF STUDY: \_\_\_\_\_

13. DO YOU HAVE ANY PHYSICAL DISABILITY? IF SO WHAT IS THE NATURE OF THE DISABILITY  
\_\_\_\_\_

14. POST SECONDARY INSTITUTION(S) ATTENDED WITH DATES

	FROM	TO
_____		
_____		
_____		

15. ACADEMIC/PROFESSIONAL QUALIFICATIONS

Name and Address of Institution	From	To	Degree/Diploma Certificate	Class/Grade	Special Field of Study
_____					

16. EMPLOYMENT HISTORY

Name of Employer(s)	Address	Status	Salary Grade	From	To

17. REFEREES

Name Referee (Three Referees)	Address	Mobile Number	Relationship

18. NAME AND ADDRESS OF SPONSOR: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

19. DECLARATION

I hereby declare that I wish to enter Caleb University in the \_\_\_\_\_ session.  
 The particulars given in this form are correct to the best of my knowledge and belief. If admitted to the University, I shall regard myself bound by the **ordinance, code of conduct, statutes and regulations** of the University as far as they affect me.  
 I understand that withholding any information requested or giving false information may make me ineligible for admission, registration or matriculation or result in my expulsion from the University and/or prosecution. If it is discovered at any time that I do not possess any of the qualifications which I claim to have obtained, I will be expelled from the University and shall not be re-admitted for the same or any other programme, even if I have upgraded my previous qualifications or possess additional qualifications.

Name of Applicant \_\_\_\_\_ Signature : \_\_\_\_\_ Date \_\_\_\_\_