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 CDC

This candidate can be admitted  □

This candidate cannot be admitted □

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 attachments should be submitted at any of the designated centres. (See the Pre-Degree Advertisement).

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: _____________________________________

   E-mail: __________________________________________

   Mobile: _________________________________________

   Parent and Guardian’s Full-name: ___________________

   __________________________________________________

   __________________________________________________

   __________________________________________________

   __________________________________________________

   Signature: ________________________________________

   E-mail: __________________________________________

   Mobile: _________________________________________
2. SEX: (Mark X in the box) Male ☐ Female ☐
3. MARITAL STATUS: Single ☐
4. DATE OF BIRTH: (Day/Month/Year) __________________________
5. STATE OF ORIGIN: __________________
6. NATIONALITY: __________________
7. RELIGION: __________________
8. NAME AND ADDRESS OF NEXT OF KIN (To be contacted in case of emergency) ____________________________ __________________________________________________________________________
9. DETAILS OF PROPOSED COURSE OF STUDY:
   (I) COLLEGE______________________________________________________________
   (II) PREFERRED COURSES
   
<table>
<thead>
<tr>
<th>FIRST CHOICE</th>
<th>SECOND CHOICE</th>
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10. DO YOU HAVE ANY PHYSICAL DISABILITY? YES ☐ NO ☐
    IF YES, WHAT IS THE NATURE OF THE DISABILITY
    _______________________________________________________________________
11. POST-PRIMARY INSTITUTION(S) ATTENDED WITH DATES
    | FROM | TO |
    |------|----|
    |      |    |
    |      |    |
    |      |    |
    |      |    |
12. "O" LEVEL SUBJECT PASSED 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.

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>YEAR</th>
<th>EXAMINATION NUMBER</th>
<th>GRADE</th>
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<tr>
<td>ENGLISH LANGUAGE</td>
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<td>MATHEMATICS</td>
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13. UTME SUBJECTS TO BE REGISTERED

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<tr>
<td>ENGLISH LANGUAGE</td>
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</tbody>
</table>

14. APPLICATION FEE:  
PAID [ ]  NOT PAID [ ]

15. BANK NAME: ________________________________

16. TELLER NO: ______________________________

17. DATE OF PAYMENT: ________________________

18. NAME AND ADDRESS OF PERSON OR BODY WHO WILL BE RESPONSIBLE FOR YOUR FEES
___________________________________________________________________________________________________
___________________________________________________________________________________________________

Note: If you are offered admission to Pre-Degree Programme of this University, a guarantor’s form that all your fee will be paid will be sworn to by the person or body named above. You will not be allowed at the University until the guarantor’s form is signed and returned to the University.

19. DECLARATION

I hereby declare that I wish to enter Caleb University Pre-Degree Programme. 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.

Name of Applicant_____________________________ Signature: __________________ Date ________________