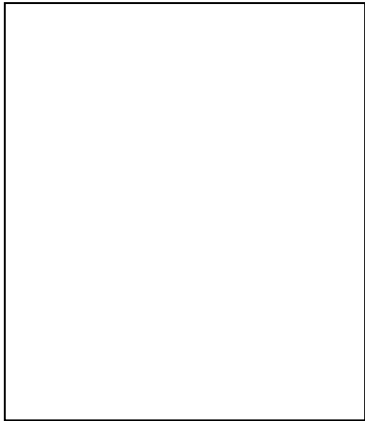


APPLICATION FORM NUMBER
CDC _____



COLLEGE

{ Candidate to indicate college
for preferred programme }

CAPACITY DEVELOPMENT CENTRE

Km. 15, Ikorodu, Itoikin Road, Imota, Lagos.

Tel: 01-2910685, 01-2910686

E-mail: predegree@calebuniversity.edu.ng

APPLICATION FORM PRE-DEGREE PROGRAMMES

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 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: _____

Mobile: _____

E-mail: _____

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

3. **MARITAL STATUS:** Single

4. **DATE OF BIRTH:** (Day/Month/Year) _____

Married

5. **STATE OF ORIGIN:** _____

Widow

6. **NATIONALITY:** _____

Widower

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

FIRST CHOICE	SECOND CHOICE

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.

SUBJECT	YEAR	EXAMINATION NUMBER	GRADE
ENGLISH LANGUAGE			
MATHEMATICS			

13. UTME SUBJECTS TO BE REGISTERED

SUBJECTS
ENGLISH LANGUAGE

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 _____