



APPLICATION FOR POSTGRADUATE ADMISSION

Programme: _____

Proposed Field of Specialization: _____

Bank draft details: Bank: _____ No.: _____

Personal Data Full Names:

Surname: _____ First Name: _____

Middle Name _____

(Dr Mr Mrs Ms)

Other Name(s) that may appear on your academic records: _____

Residential Address: _____

Country _____ State _____ City _____

Contact Address: (If different from Residential) _____

City _____ State _____ Country _____

Mobile Phone No. (Include area code/int'l access code where appropriate) _____

Alternate Mobile Phone No. _____

E-mail Address _____

Date of Birth: Day _____ Month _____ Year _____

Place of Birth: Country _____ State _____ City _____

Gender: Male Female

State of Origin: (Nigerian Applicants only) _____

Marital Status: Single Married Widowed

Religious Affiliation: Christian Moslem Others (*Please specify*) _____

Educational History:

List universities you have attended or are currently attending.

College/University	Country	State	City	Enrolled				Dip./Degree & Date
				From		To		
				Month	Year	Month	Year	

Work Experience:

List previous employment:

Position	Employer	Dates

List your professional qualifications/and/or licences if applicable:

- 1. _____
- 2. _____
- 3. _____

ADDITIONAL INFORMATION

Name three referees (at least one of whom should be your former lecturer)

(i) Full Names: _____

Position/Rank: _____

Residential Address: (Optional) _____

PhoneNumber: _____

Email address: _____

(ii) Full Names: _____

Position/Rank: _____

Residential Address: (Optional) _____

PhoneNumber: _____

Email address: _____

(iii) Full Names: _____

Position/Rank: _____

Residential Address: (Optional) _____

_____ Phone Number: _____

Email address: _____

Each of the three Referees is to complete the enclosed Confidential Forms, separately and return each form directly or by courier service to the Secretary, College of Postgraduate Studies, Caleb University, Imota, Lagos State, Nigeria.

Provide any other information you consider relevant to this application including honours and awards.

ATTESTATION

I hereby declare that I wish to be admitted to Caleb University in the _____
Academic Session/Year _____.

The information given in this form is correct to the best of my knowledge. If I am 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 or misrepresentation may make me ineligible for admission.

Full Names of applicant: _____

Signature _____

Phone Number: _____

Date: _____



COLLEGE OF POSTGRADUATE STUDIES

STATEMENT OF PURPOSE (FOR MPhil/Ph.D. PROGRAMS)

{ A RESEARCH PROPOSAL OF 5-10 PAGES TO BE ATTACHED FOR MPhil/Ph.D. or Ph.D. }

Name _____

SURNAME

FIRST

MIDDLE

(In 200 -300 words, write why you want to enroll for a postgraduate programme in your chosen course)



TRANSCRIPT LABEL

**COLLEGE OF POSTGRADUATE STUDIES,
CALEB UNIVERSITY IMOTA LAGOS STATE NIGERIA**

To Registrar:

Please ensure that academic official transcript/s are sent to:-

The Secretary,
College of Postgraduate studies
Caleb University
Imota, Lagos, Nigeria.

Thank you

Surname: _____

Other Names: _____

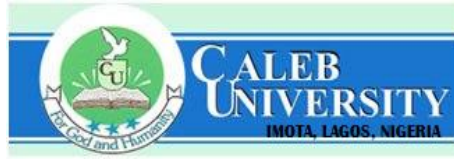
Department to which
admission is sought _____

School: _____

Applying for session
commencing: _____

NOTE:

- (a) If you are a graduate of CALEB University and you are proposing to enroll for Masters, MPhil or Ph.D. programme, you should enclose photocopies of the notification of your Bachelor's Degree Result with this application form.
- (b) A copy of the e-Transcript can be sent to registrar@calebuniversity.edu.ng and the secretary.copos@calebuniversity.edu.ng. Please note that this does not stand as the official copy to be sent to the Postgraduate School.



(1)Referee Form (Each referee to complete this section)

Applicant's Full Names			Programme Applied For		
Surname	Firstname	Middlename			
Signature			Date		

NOTE TO REFEREE: Preference will be given to students with excellent academic record and character. Your appraisal will be significant to the decision making of the Admissions Committee. Please return this completed form to **The Secretary, College of Postgraduate Studies, Caleb University, Imota, Lagos State, Nigeria.**

1) How long have you known the applicant and in what capacity?

2) How well does the applicant's degree and grades reflect his/her academic potential?

3) Please describe the personal, physical or emotional characteristics of the applicant.

4) Additional information that may be useful in the assessment of the applicant:

Rate the applicant's qualifications:

Please rate the applicant on the following areas:	Excellent	Very Good	Good	Below Average
Intellectual ability				
Commitment to service				
Integrity				
Maturity				
Self-motivation				
Interpersonal relationships				
Emotional stability				
Personality				
Oral expression/Knowledge of English language				

Overall Recommendation	Strongly Recommended	Recommended	Not Recommended

Referee's Information:

Full Names: _____

Email Address: _____

Rank/Title _____

Home Address _____

Telephone _____

Date _____

Signature _____



(2) Referee Form (Each referee to complete this section)

Applicant's Full Names _____			Programme Applied For _____
Surname	Firstname	Middlename	
Signature _____			Date _____

NOTE TO REFEREE: Preference will be given to students with excellent academic record and character. Your appraisal will be significant to the decision making of the Admissions Committee. Please return this completed form to **The Secretary, College of Postgraduate Studies, Caleb University, Imota, Lagos State, Nigeria.**

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Intellectual ability				
Commitment to service				
Integrity				
Maturity				
Self-motivation				
Interpersonal relationships				
Emotional stability				
Personality				
Oral expression/Knowledge of English language				

Overall Recommendation	Strongly Recommended	Recommended	Not Recommended

Referee's Information:

Full Names: _____

Email Address: _____

Rank/Title _____

Home Address _____

Telephone _____

Date _____

Signature _____



(3) Referee Form (Each referee to complete this section)

Applicant's Full Names	Programme Applied For
Surname Firstname Middlename	
Signature and Date	

NOTE TO REFEREE: Preference will be given to students with excellent academic record and character. Your appraisal will be significant to the decision making of the Admissions Committee. Please return this completed form to **The Secretary, College of Postgraduate Studies, Caleb University, Imota, Lagos State, Nigeria.**

1) How long have you known the applicant and in what capacity?

2) How well does the applicant's degree and grades reflect his/her academic potential?

3) Please describe the personal, physical or emotional characteristics of the applicant.

4) Additional information that may be useful in the assessment of the applicant:

Rate the applicant's qualifications:

Please rate the applicant on the following areas:	Excellent	Very Good	Good	Below Average
Intellectual ability				
Commitment to service				
Integrity				
Maturity				
Self-motivation				
Interpersonal relationships				
Emotional stability				
Personality				
Oral expression/Knowledge of English language				

Overall Recommendation	Strongly Recommended	Recommended	Not Recommended

Referee's Information:

Full Names: _____

Email Address: _____

Rank/Title _____

Home Address _____

Telephone _____

Date _____

Signature _____

**CALEB UNIVERSITY, IMOTA, LAGOS STATE, NIGERIA COLLEGE OF
POSTGRADUATE STUDIES Information to Applicants for Higher Degree Courses**

1. ADMISSION

- (a) Candidates for admission to a higher degree programme shall normally be graduates of Caleb University or of other institutions recognized by Caleb University Senate.
- (b) All candidates without previous higher degrees in the relevant discipline shall be admitted in the first instance to the Masters degree programme
- (c) Candidates who do not have a degree in the specific discipline for which admission may be required to acquire a pre-qualifying qualification.
- (d) Candidates who hold a higher degree of this university and other recognized institutions may be considered for direct or provisional admission to the MPhil/Ph.D. or Ph.D. programme based on the cumulative grade point average.

2. REFEREE’S REPORTS, TRANSCRIPT AND RESEARCH PROPOSALS

- (a) A candidate shall not be considered for admission to a higher degree course unless his application is supported by at least one confidential report from a former lecturer from the most recent degree obtained, and a transcript of his academic record forwarded directly by the former University. Copies of transcript not forwarded directly to the College of Postgraduate Studies, would not be accepted.
- (b) All supporting documents are to be forwarded to the College of Postgraduate Studies.
- (c) Candidates for research degree (MPhil./Ph.D., Ph.D.) are required to submit a research proposal of between 5-10 pages in any area of interest relating to the area of specialization selected.

3. REGISTRATION

Registration must be completed within one month of the beginning of each Semester.

4. DEGREE REQUIREMENTS

Candidates for higher degrees are required to take an approved combination of courses and to submit a project report, a dissertation or a thesis depending on the degree programme.

5. ACCEPTANCE OF OFFER OF ADMISSION

Offers of admission should be accepted within the same period (after the payment of the non-refundable acceptance fee).

6. RETURN OF APPLICATION FORM

The completed application form must be submitted by hand or courier to the Secretary, College of Postgraduate Studies, Caleb University, Imota Lagos State, Nigeria

7. ADMISSION SESSIONS

Regular Session runs from October – July of every year containing two semesters.

8. NOTIFICATION OF ADMISSION

As soon as admission is offered, notification of admission will be sent by SMS or email to the applicant.

CALEB UNIVERSITY COLLEGE OF POSTGRADUATE STUDIES

APPLICATION FORM SHOULD BE COMPLETED AND RETURNED BY HAND OR COURIER SERVICES WITH THE PHOTOCOPIES OF THE FOLLOWING DOCUMENTS:

1. WASC/G.C.E. O'Level/TC II Certificate or equivalent
2. Bachelor's Degree/HND Certificate
3. Master's Degree Certificate for candidates proposing to pursue MPhil and Ph.D.
4. Notification of Results of Bachelor's Degree Examinations for Caleb University graduates proposing to obtain Masters and Ph.D. Degrees.
5. NYSC Discharge/Exemption Certificate for Nigerian Candidates
6. Marriage Certificate or Evidence of Change of Name(s) where applicable
7. Two recent passport-sized photographs

Arrangement should be made with your Institution to forward your academic transcript to reach the following address before the closing date:

THE SECRETARY,
COLLEGE OF POSTGRADUATE STUDIES,
CALEB UNIVERSITY, IMOTA,
LAGOS STATE, NIGERIA.

IMPORTANT NOTICE

In addition to individual departmental course requirements:

- Candidates for admission should please note that in accordance with the University's regulation, they must satisfy the O'L First degree matriculation requirements of CALEB University i.e. 5 O'L credit passes at not more than two sittings including ENGLISH LANGUAGE for ALL DISCIPLINES and MATHEMATICS for ALL SCIENCE AND MANY OF THE SOCIAL SCIENCE-BASED DISCIPLINES.
- Please staple ALL the above listed documents before you submit your form.