

# ST. AUGUSTINE'S COLLEGE OF EDUCATION



(PROJECT T.I.M.E.)  
2, Moronfolu Street, Akoka. P.M.B. 1140, Akoka, Yaba, Lagos.  
(Affiliated to University of Ibadan)



Motto: Light to the World

## APPLICATION FORM FOR ADMISSION TO FIRST DEGREE B.ED PROGRAMME OF THE UNIVERSITY OF IBADAN

FORM NO: .....

ACADEMIC SESSION 20..... / 20.....

AFFIX PASSPORT  
PHOTOGRAPH

### PROGRAMME: FULL-TIME / DISTANCE LEARNING

**TO ALL APPLICANTS:** Please read carefully before completing the Form. The information you are required to give will be used to evaluate your suitability for admission. Every information you give will be confidential. Applicants are therefore requested to answer all questions truthfully. An Applicant may be disqualified for giving false information.

All completed application form must be forwarded to the Registrar:

Saint Augustine's College of Education (Project T.I.M.E.), Akoka. P.M.B. 1140, Yaba, Lagos.

### SECTION A

PLEASE, WRITE IN BLOCK LETTERS

1. FULL NAMES (Surname first) .....
2. PROPOSED COURSE OF STUDY .....
3. MAILING ADDRESS .....  
..... PHONE NOS: .....
4. PERMANENT HOME ADDRESS (if different from 3 above)  
..... PHONE NOS: .....
5. SEX: M  F  6. DATE OF BIRTH .....
7. MARITAL STATUS: SINGLE  MARRIED
8. IF MARRIED, GIVE NAME OF SPOUSE .....
9. NATIONALITY ..... 10. STATE OF ORIGIN .....
11. LOCAL GOVERNMENT COUNCIL AREA .....

14. NAME OF PARENT/GUARDIAN ..... TEL:.....

15. OCCUPATION .....

16. NAME AND ADDRESS OF NEXT OF KIN .....

(who should be contacted in case of Emergency)

.....

**SECTION B**

17a. LIST THE SECONDARY SCHOOL (S) OR COLLEGE YOU ATTENDED IN ORDER

| NAME OF INSTITUTION | ADDRESS |  | FROM | TO | CERTIFICATE OBTAINED |
|---------------------|---------|--|------|----|----------------------|
|                     |         |  |      |    |                      |
|                     |         |  |      |    |                      |
|                     |         |  |      |    |                      |
|                     |         |  |      |    |                      |
|                     |         |  |      |    |                      |
|                     |         |  |      |    |                      |
|                     |         |  |      |    |                      |

17b. EXAMINATIONS TAKEN WITH RESULTS

| S.S.C.E  |       | N.E.CO   |       | T.C.II   |       | G.G.E    |       | N.C.E    |       |
|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|
| SUBJECTS | GRADE | SUBJECTS | GRADE | SUBJECTS | GRADE | SUBJECTS | GRADE | SUBJECTS | GRADE |
|          |       |          |       |          |       |          |       |          |       |
|          |       |          |       |          |       |          |       |          |       |
|          |       |          |       |          |       |          |       |          |       |
|          |       |          |       |          |       |          |       |          |       |
|          |       |          |       |          |       |          |       |          |       |
|          |       |          |       |          |       |          |       |          |       |
|          |       |          |       |          |       |          |       |          |       |
|          |       |          |       |          |       |          |       |          |       |

18. Would you like to live in the college Hostel? Yes                      No

19. List in order of performance, your major events in sports

1. .... 2. ....

3. .... 4. ....

20. What are your Hobbies?.....  
.....

21. List all documents enclosed

- 1. .... 2. ....
- 3. .... 4. ....
- 5. .... 6. ....

22. List your Two (2) Referees with their addresses and telephone numbers.

a)

b)

**23. DECLARATION**

I certify that the particulars given in this form, to the best of my knowledge, information and believe, are correct. I understand that withholding any information or giving any false information will disqualify my application.

Applicant's Signature's ..... Date: .....