



SAINT AUGUSTINE'S COLLEGE OF EDUCATION

AKOKA, LAGOS P.M.B. 1140, YABA LAGOS

ACCREDITED BY

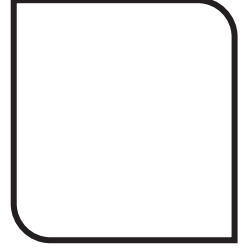
TEACHERS REGISTRATION COUNCIL OF NIGERIA



APPLICATION FORM FOR ADMISSION TO PROFESSIONAL DIPLOMA IN EDUCATION PROGRAMME

ACADEMIC SESSION _____ FORM NO: _____

PROGRAMME: PDE



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 carefully. Applicants may be disqualified for giving false information.

Applicants should forward 3 recent passport-sized photographs and three stamped envelopes measuring 23cm by 10cm (4" X 9") along with forms. All completed Application Forms should be forwarded to Registrar, SAINT AUGUSTINE'S COLLEGE OF EDUCATION, Akoka, P.M.B. 1140, Yaba, Lagos.

PLEASE WRITE IN BLOCK LETTERS

1. SURNAME: _____
2. OTHER NAME: _____
3. PROGRAMME OF STUDY: _____
4. RESIDENTIAL ADDRESS: _____
5. PHONE NUMBER: _____
6. COUNTRY CODE: _____
7. SEX: MALE FEMALE
8. DATE OF BIRTH: _____
9. COUNTRY OF ORIGIN: _____ NATIONALITY: _____
10. COUNTRY LOCATED: _____ STATE OF ORIGIN: _____
11. LOCAL GOVERNMENT AREA: _____ HOME TOWN: _____
12. MARITAL STATUS: SINGLE MARRIED
13. NAME OF PARENT OR GUARDIAN: _____
14. RELIGIOUS DENOMINATION: _____
15. OCCUPATION: _____
16. NEXT OF KIN:
 - I) Names: _____
 - ii) Relationship: _____
 - iii) Residential Address: _____
 - iv) Mobile Number: _____

SECTION B

17. (A) EDUCATIONAL INSTITUTIONS AT ENDED WITH DATES

- (a) _____
- (b) _____
- (c) _____
- (d) _____

(B) ACADEMIC PROFESSIONAL QUALIFICATIONS OBTAINED WITH DATES:

- (a) _____
- (b) _____
- (c) _____
- (d) _____

TRANSCRIPT SHOULD BE DIRECTED TO THE DEPUTY REGISTRAR OF THE COLLEGE

18. WORKING EXPERIENCE WITH DATES

- (A) _____
- (B) _____
- (C) _____
- (D) _____

19. HOBBIES: _____

20. LIST OF DOCUMENT ENCLOSED

- _____
- _____
- _____

21. NAMES OF THREE REFEREES, ADDRESS AND MOBILE NUMBERS;

- _____
- _____
- _____

22. DECLARATION

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

Applicant's Signature

* 1993 *
Date: _____

