



ST. AUGUSTINE'S COLLEGE OF EDUCATION

(PROJECT T.I.M.E.)

2, Moronfolu Street, Akoka. P.M.B. 1140, Akoka, Yaba, Lagos.

APPLICATION FORM FOR NCE/PRE-NCE PROGRAMMES

FORM NO:

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

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.

PROGRAMME: FULL-TIME/PART-TIME/PRE-NCE

All completed Application Forms should be forwarded to Registrar:
SAINT AUGUSTINE'S COLLEGE OF EDUCATION, Akoka, P.M.B. 1140, Yaba, Lagos.

SECTION A

PLEASE WRITE IN BLOCK LETTERS

1. FULLNAME _____

2. PROPOSED COURSE OF STUDY _____

3. MAILING ADDRESS _____
_____ PHONE NO: _____
4. PERMANENT HOME ADDRESS (if different from the above) _____
_____ PHONE NO: _____
5. SEX: MALE FEMALE
6. DATE OF BIRTH: _____
7. NATIONALITY _____
8. MARITAL STATUS: SINGLE MARRIED
SEPARATED DIVORCED
(Mark "X" where applicable)
9. IF MARRIED, GIVE NAME OF SPOUSE: _____
10. NATIONALITY: _____ 11. STATE OF ORIGIN _____
12. LOCAL GOVERNMENT COUNCIL AREA _____
13. HOME TOWN _____ 14. RELIGION: _____
15. NAME OF PARENT/GUARDIAN _____ TEL: _____
16. OCCUPATION _____
17. NAME AND ADDRESS OF NEXT OF KIN (who should be contacted in case of emergency) _____

PHONE NUMBER: _____ RELATIONSHIP _____

SECTION B

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

NAME OF INSTITUTION	ADDRESS	FROM	TO	CERTIFICATE OBTAINED

18(b) EXAMINATION TAKEN WITH RESULTS

S.S.C.E		N.E.C.O		T.C.II		G.C.E		N.C.E	
SUBJECTS	GRADE	SUBJECTS	GRADE	SUBJECTS	GRADE	SUBJECTS	GRADE	SUBJECTS	GRADE

19. Would you like to stay in the college Hostel? YES NO

20. List in order of performance, your major events in sports
 1. _____ 2. _____
 3. _____ 4. _____

21. What are your Hobbies? _____

22. List all documents enclosed
 1. _____ 2. _____
 3. _____ 4. _____
 5. _____ 6. _____

23. List your Two (2) Referees with their address and telephone numbers.
 (a) _____
 (b) _____

24. DECLARATION
 I CERTIFY THAT THE PARTICULARS GIVEN IN THIS FORM, TO THE BEST OF MY KNOWLEDGE, ARE CORRECT. I UNDERSTAND THAT WITHHOLDING ANY INFORMATION OR GIVING FALSE INFORMATION WILL DISQUALIFY MY APPLICATION.

APPLICANT SIGNATURE: _____ DATE: _____