MARANATHA UNIVERSITY, LAGOS

CENTRE FOR PART-TIME STUDIES

Form No

Website: http://www.maranathauniversitylagos.edu.ng **Email: deputyregistrar@maranathauniversitylagos.edu.ng**

APPLICATION FOR PART-TIME PROGRAMME

100 LEVEL/DIRECT ENTRY
Proposed Course of Study
(e.g. B.Sc. Accounting)

1st Choice:_____

2nd Choice:_____

Affix a recent passport photograph

TO THE APPLICANT

i. All completed forms must be accompanied with photocopies of relevant documents and certificates.

SECTION A: PERSONAL DETAILS

1. Full Names:

_____

Surname (In capital letters) First name Second Name

2. Mailing Address: _____

   Email Address:_____

3. Permanent Home Address (Street Address, P.O. Box): _____

   _____

4. Phone Number: _____

5. Date of Birth: _____

6. Nationality: _____ 7. State: _____ 8. LGA: _____

9. Religion: _____ 10. Denomination: _____

11. Gender: _____

12. Marital Status: _____

13. Maiden Name (if applicable): _____

14. Full Names and Mailing Address of Sponsor: _____

_____

_____

(b) Relationship: _____

(c) Sponsor's Phone Number: _____

SECTION B: ACADEMIC RECORDS

15. List of schools attended, with dates

NAME AND LOCATION OF SCHOOL	PERIOD		QUALIFICATION OBTAINED e.g. SSCE, TC II, NCE
	From	To	

16. Examinations taken with results

(a) WAEC SSCE		(b) GCE 'O' LEVEL		(c) NECO		(d) TEACHERS' GRADE II/A' LEVEL		(e) NCE/OTHERS	
Subject	Grade	Subject	Grade	Subject	Grade	Subject	Grade	Subject	Grade
EXAM DATE									
CENTRE									
EXAM NO.									

17. Employment History

Name of Employer	Address	Status	Salary Grade	From	To

SECTION C: DECLARATION

18. Candidate

I solemnly declare that all the information provided by me above is correct and true. I, therefore, accept responsibility for any inaccuracies and or falsification which Maranatha University Lagos Senate may discover and consider grave enough to lead to the termination of my studentship at any time during my stay in the University or even to the withdrawal of any degree awarded based on the information. I promise to abide by all rules and regulations, including the payment of all prescribed fees.

_____	_____	_____
Full Name	*Signature*	*Date*

19. Counter-signed by Sponsor

I, _____
(full name)

Certify that I am the _____ (state relationship) to _____

_____ (full name of candidate). I confirm the information given in

Sections A and B above by the candidate and also endorse the declaration made by him/her in Section C.

Full Name: _____

Address: _____

_____

_____

Signature: _____ Date: _____