MEDIX COLLEGE

Add a passport picture

STUDENT APPLICATION FORM

1. Personal Information

Family Name (Last Name):

First & Middle Name:

Date of Birth: Year: Month Day: **Sex:** ☐ Male ☐ Female

Address:

City/Town: Region:

Postal Code/ZIP: Country:

Country of Citizenship E-mail Address:

Telephone Number: Emergency Contact

2. Languages

First Language:

Other Languages:

3. Program

Please choose (tick) only ONE of the listed programs for admission.

	Program Title	Program Length	Local	Foreign
1	Home Health Care (Certificate)	3 months		

2	Massage (Certificate)	6 months	☐	☐
3	Healthcare Assistant (Certificate)	12 months	☐	☐
4	Medical Laboratory Technician (Diploma)	36 months	☐	☐
5	Dental Surgical Technician (Diploma)	36 months	☐	☐

All applicants must submit a copy of Junior High or Senior High Certificate issued by WAEC or equivalent certificate.

4. Education

☐ **Junior High School**

Institution Name:

Level Achieved

Last Year of Attendance: Country

☐ **Senior High School**

Institution Name:

Level Achieved

Last Year of Attendance: Country

☐ **Any other institution attended**

Institution Name:

Level Achieved

Last Year of Attendance: Country

I am a current student: ☐ Yes ☐ No

Other:

5. Accommodation

I am interested in the following: ☐ College Residence ☐ Apartment

_____

(Name)

I agree to the terms outlined in this Application Form.

_____ _____

Signature Date

I declare that the information disclosed on this Application Form is accurate and true.

_____ _____

Signature Date