



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 | Health Assistant (Certificate) | 12 months | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | |
|---|--|-----------|--------------------------|--------------------------|
| 2 | Healthcare Administration (Diploma) | 36 months | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | Physical Therapy Assistant (Diploma) | 36 months | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | Physical Therapy Assistant (Certificate) | 12 months | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Respiratory Therapist (Diploma) | 36 months | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | Dental Surgical Technologist (Diploma) | 24 months | <input type="checkbox"/> | <input type="checkbox"/> |

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

I agree to the terms outlined in this Application Form.

Signed by

Date

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

Signed by

Date