



SEYIABA COLLEGE IJUODO

info@seyiabacollege.com

www.seyiabacollege.com

+234 816 137 3615

(GOVERNMENT APPROVED)

ADMISSION FORM

Please fill clearly and correctly. Attach credentials carefully. Ensure that passport is clear
Please ask relevant questions before completing the Application form
The undersigned hereby apply for admission to the College for _____ Academy
Session



1. PROPOSED COURSE OF STUDY (PLEASE TICK ONLY ONE)

- 1. Healthcare Assistant
- 2. Healthcare Management
- 3. Health and Social Care

2. PERSONAL DATA

Surname :

Other Names :

Date of Birth : Sex : Marital Status :

Town/Village :

Permanent Home Address :

Postal Address :

Local Government of Origin :

Nationality :

Telephone (Mobile) :

E-mail :

3. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY (NAME, ADDRESS, TELEPHONE & RELATIONSHIP)

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4. ACADEMIC RECORDS

PRIMARY, SECONDARY AND TERTIARY INSITUTIONS ATTENDED WITH DATES:

| Name of School | Town/City | Year Attended | Subjects | Type of Certificate | Grade Obtained |
|----------------|-----------|---------------|----------|---------------------|----------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Are you presently or previously in any employment?

If yes, give name of Employer :

Address of Employer :

Type of Organization (Government / Private) :

Position Held/Location of posting :

Period of Employment :

5. REFEREES:

I. ACADEMIC REFEREE

Name :

Phone Number :

Home Address:

.....

II. EMPLOYMENT/CHARACTER REFEREE

Name :

Phone Number :

Home Address :

.....



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6. DOCUMENTS REQUIRED TO BE SUBMITTED WITH THE APPLICATION FORM

- I. Photocopy of Birth Certificate/Sworn Declaration of Age
- II. Photocopy of Highest Level of Education Certificate Attained
- III. Photocopy of Certificate of Local Government Of Origin
- IV. Three (3) clear colour passport-sized photograph
- V. Photocopy of receipt of payment for Application form.
- VI. Application Form Payment Receipt or Teller.

7. DECLARATION BY APPLICANT

- I. I hereby declare that the above information supplied by me are true to the best of my knowledge.

I also agree to abide by all rules and regulations of the considered admission. If it is discovered at any time during the process of my training that I have provided any false or misleading record, the College Management could take any disciplinary action against me.

II. The College also reserves the right to advise me to withdraw or repeat, if I fail to score the minimum GPA required of me after the First Semester Examination.

III. I also agree to pay my tuition fees and other department levies before I will be allowed in the College.

IV. I promised to be of good behavior and will not involve in any act that will bring the name and integrity of the College into disrepute.

Applicant Signature

Date

7. DECLARATION BY PARENT/GUARDIAN/SPONSOR:

I hereby declare that should my ward _____ (state name) be offered provisional admission into Seyiaba College, Iju-Odo. I agree to pay his/her tuition fees and other departmental levies and shall be ready on his/her presentation anytime am so invited.

The application form costs Ten Thousand Naira Only (N10, 000)
ALL FEES MUST BE PAID TO THE COLLEGE BANK ACCOUNT
BANK: ECOBANK PLC
ACC NO: SEYIABA COLLEGE LIMITED
ACC NAME: 2270093149
CASH PAYMENT OF ANY KIND IS NOT ALLOWED

"Knowledge for sound judgment"



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Name of Applicant

FOR OFFICIAL USE ONLY

1. Date Application is Received _____

2. Document Checked Complete/Not Complete _____

3. Application Fee Receipt No. _____

4. Examination No. _____

5. Application Endorsed by (Name) _____

6. Receiver's Signature _____

CANDIDATE EXAMINATION SLIP

1. Candidate's Examination No _____

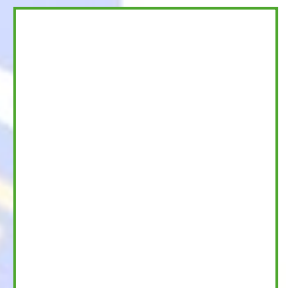
2. Name of Candidate _____

3. Proposed Course _____

4. Date of Examination _____

5. Examination Centre _____

6. Candidate's Signature/Date _____



IJUODO

ESTD. 2024

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