



**NDEJJE**  
**UNIVERSITY**

*Fear of God brings Knowledge and Wisdom*

**OFFICE OF THE ACADEMIC REGISTRAR**

**APPLICATION FOR ADMISSION TO DOCTORAL PROGRAM**

**ACADEMIC YEAR.....**

**PLEASE FILL THIS FORM IN CAPITAL LETTERS**

**SECTION A**

**1.0 PROGRAM APPLIED FOR.....**

**2.0 .....**

**1.1 APPLICANT'S PERSONAL INFORMATION**

<b>Name</b> (Use names on academic documents)	<b>Surname:</b>
	<b>Other Names:</b>
<b>Title</b>	<b>Mr/Mrs/Miss/Rev/Dr...)</b>
<b>Gender</b>	<b>Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/>
<b>Date of Birth</b>	<b>Dd/mm/yy</b>
<b>Nationality</b>	
<b>Country of Residence</b>	
<b>Home District</b>	
<b>Religious Affiliation</b>	
<b>Marital Status</b>	<b>Single</b> <input type="checkbox"/> <b>Married</b> <input type="checkbox"/> <b>Other</b> <input type="checkbox"/>

**1.2 Address:**

**Telephone contact.....**

**Email.....Postal Address.....**

**Sponsors/Guardian's Name.....**

**Telephone contact.....**

**Next of Kin.....**

**Telephone contact.....**

**1.3 Employment Record (with current or most recent institution)**

Name of Institution	Designation	From	To

**3.0 Academic Record:**

**Secondary School, Colleges and Universities attended (Give names, dates, qualifications and grades).**

Names and Address of Schools/Institutions	From	To	Qualification

**2.1 Other professional qualifications (with dates)**

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**2.2 State Research/ Publications you have undertaken.**

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**2.3 State briefly the reason why you want to pursue this programme and its relation to your interest/future job responsibilities.**

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**Sponsorship:**

**Name(s) Sponsor(s)**.....

**Address of Sponsor(s)**.....

**Telephone Contact(s)**...../.....

**Declaration:**

**I declare that the information filled in this form is correct.**

**Signature** .....

**Date**.....