



EXCELSIOR COMMUNITY COLLEGE

STUDENT APPLICATION FORM
ACADEMIC YEAR 20 _____ to 20 _____

No: _____

PLEASE READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM. YOU SHOULD WRITE CAREFULLY IN INK USING BLOCK CAPITALS.

PERSONAL DATA

1. SURNAME

2. FIRST NAME

3. MIDDLE NAME (S)

4. MARITAL STATUS - Tick the appropriate box:
Single Divorced
Married Widowed

5. MAIDEN SURNAME [Family name at birth]

Gender M F

6. AGE 7. DATE OF BIRTH 8. NATIONALITY 9. TAX REGISTRATION NUMBER (TRN)

10. PERMANENT ADDRESS
NUMBER & STREET NAME (DISTRICT)

TOWN/CITY/PARISH

COUNTRY

E-MAIL ADDRESS

TELEPHONE NUMBERS

HOME: WORK: CELL:

11. ADDRESS WHILE AT COLLEGE (If different from above)
NUMBER & STREET NAME

TOWN/CITY/PARISH

COUNTRY

TELEPHONE NUMBERS

HOME: WORK: CELL:

12. NEXT OF KIN

RELATIONSHIP

NUMBER & STREET NAME (DISTRICT)

TOWN/CITY/PARISH

COUNTRY

TELEPHONE NUMBERS

HOME: WORK: CELL:

13. PROGRAMME TO WHICH APPLICATION IS MADE: Department _____ Programme _____ Module _____
Intended length of stay at this Institution: _____ Year(s)

MODE OF STUDY:
Full Time
Day Release
Part Time

14. Have you applied before? Yes [] No []
15. Were you previously a student at this College? Yes [] No []
If YES: State Dept.: _____ Course: _____ I.D. No.: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

LIST THE NAMES OF THE INSTITUTIONS YOU HAVE ATTENDED:		GIVE THE NAMES AND ADDRESSES OF TWO REFERENCES ONE OF WHOM SHOULD BE FROM THE LAST SCHOOL OR COLLEGE YOU ATTENDED. NOTE: TWO WRITTEN RECOMMENDATIONS MUST ALSO ACCOMPANY THIS FORM.			
INSTITUTION (S) :	DATE (S) :	NAME:			
		ADDRESS:			
		TELEPHONE:	(h)	(w)	(cell)
		NAME:			
		ADDRESS:			
		TELEPHONE:	(h)	(w)	(cell)

EXAMINATION RECORD: COPIES SHOULD BE SUBMITTED WITH THIS FORM. ORIGINAL DOCUMENTS MUST BE SUBMITTED AT THE INTERVIEW.

RESULTS KNOWN				RESULTS AWAITING			
SUBJECT (S)	LEVEL	YEAR	RESULT	SUBJECT (S)	LEVEL	YEAR	RESULT

RELIGION/DENOMINATION: _____

INTENDED CAREER: _____

INDICATE THE COURSE (S)/SUBJECT (S) YOU WISH TO PURSUE:

EXTRA CURRICULAR ACTIVITIES:

- ACHIEVEMENTS:

- WORK EXPERIENCE:

COMPANY'S NAME: _____	COMPANY'S NAME: _____
DEPARTMENT: _____	DEPARTMENT: _____
TYPE OF JOB: _____	TYPE OF JOB: _____
CONTACT PERSON: _____	CONTACT PERSON: _____

FINANCE

STUDENTS' LOAN

SCHOLARSHIP:

• SPECIFY _____

SPONSOR:

• GOVERNMENT: SPECIFY _____

• PRIVATE: SPECIFY _____

NATIONAL YOUTH SERVICE

SELF

OTHER (PLEASE SPECIFY) _____

FOR PARENTS/GUARDIAN/NEXT OF KIN

THIS CERTIFIES THAT I AM PARTIALLY / WHOLLY RESPONSIBLE FOR _____
WHILE HE/SHE IS ATTENDING THE COLLEGE AND WILL BE FINANCIALLY RESPONSIBLE FOR HIS/HER EXPENSES.

PRINT NAME

RELATIONSHIP

SIGNATURE

DATE

COMPLETE THIS FORM AND RETURN IT TO THE STUDENTS' AFFAIRS OFFICE

FOR OFFICE USE ONLY

RECEIVED

- ORIGINAL & ONE (1) COPY OF EXAMINATION RESULTS
- ORIGINAL & ONE (1) COPY OF BIRTH CERTIFICATE
- ORIGINAL & ONE (1) COPY OF MARRIAGE CERTIFICATE AND DEED POLL (WHERE APPLICABLE)
- TWO PASSPORT SIZE PICTURES (NAME, DEPARTMENT & YEAR WRITTEN ON BACK)
- TWO CHARACTER REFERENCES (ONE FROM THE LAST SCHOOL ATTENDED/ EMPLOYER & THE OTHER FROM A MINISTER OF RELIGION OR JUSTICE OF THE PEACE)
- APPLICATION FEE \$ _____ (APPLICATION FEE IS NON-REFUNDABLE)

STUDENTS' AFFAIRS PERSONNEL SIGNATURE

DATE

FOR INTERVIEWER'S USE ONLY

ASSESSMENT:	A: EXCELLENT	B: GOOD	C: SATISFACTORY	D: POOR
APPEARANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AWARENESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORAL EXPRESSION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOTIVATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GENERAL SUITABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMPORTEMET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASSESSMENT RATING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS.....

RECOMMENDATIONS.....

**ADDITIONAL SUBJECTS
NEEDED FOR MATRICULATION**.....

INTERVIEWED BY [PRINT NAME]

DATE

REGISTRAR'S SIGNATURE

DATE

WHERE APPLICABLE:

I _____ agree to meet the full requirements for matriculation before the start of the next academic year.

NAME

SIGNATURE

DATE