

m. **Communication Address:** (Address to which communication in connection with this application should be sent)

(1) Postal Address.....

(2) Tel. No..... (3) Mobile No.....

(4) Email:.....

n. **Physical Ability: (Information will be treated as confidential) PLEASE TICK.**

Are you physically disabled or do you suffer any form of handicap? Yes No

If Yes, please state the level of intensity and complexity

2. EDUCATIONAL LEVEL (Indicate type of qualification you are using to seek admission)

- a. SSS b. 'O' Levels c. 'A' LEVELS
 d. HND e. ABE Certificates ABE Diploma ABE Advanced Diploma
 f. Degree g. Other Certificates and Diplomas (please state)

3. EDUCATIONAL DETAILS

(Indicate details of secondary school(s), training college(s), polytechnic(s) and university (ies) attended)

Name of Institution & Location	Attendance Dates		Offices held & athletic or other activities at school
	From	To	

4. EXAMINATION DETAILS

(Indicate 'A' Level grades obtained in each attempt in their respective columns)

SUBJECT	1st Attempt	2nd Attempt	3rd Attempt
	Month : Year : Index No. :	Month : Year : Index No. :	Month : Year : Index No. :
	GRADE	GRADE	GRADE

(d) Details of Qualifications at the Tertiary Level

Degree of Qualification	Name of Univ. or Inst.	Year Completed	Hons/Major Disciplines	Final Grade

Note

Add copies of all certificates. Official transcripts will be required from your previous University, College or Institution. These have to be provided directly by your former University or College authorities. Photocopies of certificates or result slips will not be substitute for the transcripts.

5. COURSE PREFERENCE

Refer to courses listed below and indicate preference for the professional course you wish to be admitted into:

*** BACHELOR OF BUSINESS ADMINISTRATION - BBA**

- 1. Business management
- 2. Human Resource Management
- 3. Financial Management
- 4. Marketing
- 5. Business Information Systems
- 6. Tourism Management
- 7. Hotel Management
- 8. Accounting

6. COURSE LEVEL

<input type="checkbox"/> Management	<input type="checkbox"/> 100	<input type="checkbox"/> 200	<input type="checkbox"/> 300	<input type="checkbox"/> 400
<input type="checkbox"/> Human Resource Management	<input type="checkbox"/> 100	<input type="checkbox"/> 200	<input type="checkbox"/> 300	<input type="checkbox"/> 400
<input type="checkbox"/> Financial Management	<input type="checkbox"/> 100	<input type="checkbox"/> 200	<input type="checkbox"/> 300	<input type="checkbox"/> 400
<input type="checkbox"/> Marketing	<input type="checkbox"/> 100	<input type="checkbox"/> 200	<input type="checkbox"/> 300	<input type="checkbox"/> 400
<input type="checkbox"/> Accounting	<input type="checkbox"/> 100	<input type="checkbox"/> 200	<input type="checkbox"/> 300	<input type="checkbox"/> 400
<input type="checkbox"/> Business Information Systems	<input type="checkbox"/> 100	<input type="checkbox"/> 200	<input type="checkbox"/> 300	<input type="checkbox"/> 400
<input type="checkbox"/> Tourism Management	<input type="checkbox"/> 100	<input type="checkbox"/> 200	<input type="checkbox"/> 300	<input type="checkbox"/> 400
<input type="checkbox"/> Hotel Management	<input type="checkbox"/> 100	<input type="checkbox"/> 200	<input type="checkbox"/> 300	<input type="checkbox"/> 400

All courses are subject to a minimum of 15 students, failing which the course will not be held. In the event of a course being full or not being available during a particular semester, students will be counseled to enroll on a related course or to defer the course to the next semester

7. EMPLOYMENT

Full particulars of past and present employment with dates

Institution	Position	Dates

12. HOW DID YOU HEAR ABOUT ZENITH UNIVERSITY COLLEGE? (please tick)

- a. Newspaper b. Radio c. Television
d. Website e. School f, Former/current student
g. Friends/family h. Other (please specify).....

13. APPLICANT'S SIGNATURE

Signature of Applicant Date:.....

14. DECLARATION

This declaration should be signed by someone of high repute who should also endorse one of the passport-sized photographs on the reverse side. This person should be a Senior Public Servant belonging to the learned professions (e.g. a clergyman, lawyer, medical practitioner etc.). The application will not be valid if this declaration is not signed.

I certify that the photograph endorsed by me is the true likeness of the applicant,
Mr./Ms./Mrs./Dr./Rev. who is personally known to me.
I have inspected his/her certificates and I am satisfied that the names on them conform to those by which to the best of my knowledge he/she is officially known.



- * Signature
- * Name.....
- * Status.....
- * Address

IMPORTANT

AN APPLICANT WHO MAKES A FALSE STATEMENT OR WITHHOLDS RELEVANT INFORMATION MAY BE REFUSED ADMISSION. IF HE/SHE HAS ALREADY COME INTO THE COLLEGE, HE MAY BE ASKED TO WITHDRAW.

OFFICE USE ONLY	
Application Fee	Qualification vetted by
Receipt No.....	Name:.....
Date:.....	Status:.....
	Signature:.....
	Date.....