



# ARCHBISHOP ALEXANDER IBEZIM COLLEGE OF EDUCATION

Nibo-Nise Awka South LGA, Anambra State

College whatsapp Line: +234 8145708181 College Email: admin@aaicoedu.com website: https://aaicoedu.com

## APPLICATION FOR ADMISSION

FOR THE ACADEMIC YEAR \_\_\_\_\_

ADMISSION FORM NO: \_\_\_\_\_

Passport  
Photograph

**TICK (✓) PROGRAMME FOR WHICH ADMISSION IS SOUGHT**

NCE

DEGREE

**School of General Education**

1. Department of General Education

**School of Early Childhood Care and Education/Primary Education**

1. Department of Early Childhood Care and Education   
2. Department of Primary Education

**Post Graduate Diploma in Education Others.....**

**School of Science**

1. Department of Biology   
2. Department of Chemistry   
3. Department of Physics   
4. Department of Mathematics   
5. Department of Computer Science Edu.   
6. Department of Integrated Science   
7. Department of Physical & Health Education

**School of Arts & Social Sciences**

1. Department of Christian Religious Studies   
2. Department of Economics   
3. Department of Social Studies   
4. Department of Political Sciences

**School of Vocational and Technical Education**

1. Department of Agricultural Education   
2. Department of Business Education

## SECTION A

1. Surname: \_\_\_\_\_

2. Other Name: \_\_\_\_\_

3. Postal Address: \_\_\_\_\_

4. Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

5. Permanent Address: \_\_\_\_\_

6. Gender: Male  Female

7. Date and Place of Birth: \_\_\_\_\_

8. Nationality: \_\_\_\_\_

9. (A) State of Origin: \_\_\_\_\_ (B) L.G.A \_\_\_\_\_

10. Marital Status: \_\_\_\_\_

11. Religion: \_\_\_\_\_

12. Name and Address of Parents/Guardian: \_\_\_\_\_

13. Phone No of Parents/Guardian: \_\_\_\_\_

14. Occupation of Parent/Guardian: \_\_\_\_\_

15. Name and Address of Next of Kin to be contacted in case of Emergency: \_\_\_\_\_

16. Phone No. of Next of Kin: \_\_\_\_\_

## **SECTION B**

1.2 Primary School (s) attended	DATE
(1) _____	FROM                      TO
(2) _____	
(3) _____	

1.3 Post - Primary School (s) attended	DATE
(1) _____	FROM                      TO
(2) _____	
(3) _____	

1.4 Tertiary Institutions attended (s) attended	DATE
(1) _____	FROM                      TO
(2) _____	
(3) _____	

## **SECTION C**

### **EXAMINATION RESULTS (POST-PRIMARY ONLY)**

Please ensure that you list subject (s) as reported on the result and if you are awaiting result of any examination or you are preparing to sit for any of these Examination. Please Indicate the subject(s) centre and examination number.

1.1 \_\_\_\_\_

WEAC/NECO/NABTEB		UTME		OTHER QUALIFICATION	
SUBJECT	GD	SUBJECT	GD	SUBJECT	GD
(I) _____					
(ii) _____					
(iii) _____					
(iv) _____					
(v) _____					
(vi) _____					
(vii) _____					
(viii) _____					
ix _____					

Date \_\_\_\_\_

Centre \_\_\_\_\_

Exam No \_\_\_\_\_

1.3

WEAC/NECO/NABTEB		UTME		OTHER QUALIFICATION	
SUBJECT	GD	SUBJECT	GD	SUBJECT	GD
(i)					
(ii)					
(iii)					
(iv)					
(v)					
(vi)					
(vii)					
(viii)					
(ix)					

Date \_\_\_\_\_

Centre \_\_\_\_\_

Exam No \_\_\_\_\_

Sport and Hobbies \_\_\_\_\_

### JAMB RESULT

SCORE: \_\_\_\_\_

COURSE: \_\_\_\_\_

1.4

I..... hereby declare (I) that the information stated above is the best of my knowledge and belief, accurate in every detail and if it is discovered that I have in any way impersonated or made false declaration shall be liable to prosecution.

(ii) That if I am admitted; I shall keep the rules and regulations of the college

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ 20 \_\_\_\_\_

### **SECTION D**

To be completed by the Employer/Head of Department/Secretary to the LGA/ Clergy/ Snr. Govt. Official

I certify that the information stated above is to the best of my knowledge correct  / not correct  in every details

The applicant is  / Is not  recommended for admission.

NAME: \_\_\_\_\_

OFFICE: \_\_\_\_\_

# **OFFICIAL USE ONLY**

THE DATE THE APPLICATION IS RECEIVED: \_\_\_\_\_ 20 \_\_\_\_\_

RESULT COMMUNICATED: \_\_\_\_\_

COURSE FOR WHICH CONSIDERED: \_\_\_\_\_

ACADEMIC YEAR: \_\_\_\_\_

---

**NAME & SIGNATURE OF THE ADMISSION OFFICER & DATE**