

APPLICATION FORM
ASCENDING COLLEGE

120, Liberty Road, Off Ring Road, Ibadan
08050992081, 02-2013597

Personal details (please complete in (BLOCK CAPITALS))	
Surname/family Name	First Name(s)
Sex	
Title: Miss/Mrs/Mr.	Date of Birth (DD/MM/YY)
Address (For correspondence)	Permanent Address
Telephone	E-mail
Country of Birth	Nationality
Country of Permanent Residence	
Special needs (state briefly, if you have a disability or medical condition which requires special Facilities):	
Please tick the subject you would like to study in ASCENDING COLLEGE: choose only three subjects.	
Chemistry <input type="checkbox"/>	Literature in English <input type="checkbox"/>
Biology <input type="checkbox"/>	Physics <input type="checkbox"/>
Mathematics <input type="checkbox"/>	Computer <input type="checkbox"/>
Geography <input type="checkbox"/>	Economics <input type="checkbox"/>
Financial Accounting <input type="checkbox"/>	History <input type="checkbox"/>
Business Management <input type="checkbox"/>	

State the degree course subject(s) you may wish to study at the University (this choice is not binding)	
Who will pay your fees?	
Parents' Personal Details	
Father's/Guidance's Name:	Mother's/Guidance's Name
Occupation:	Occupation:
Home Address	Home Address
Telephone Number:	Telephone Number:
Mobile:	Mobile:
E-mail:	E-mail:

EDUCATION: Please enclose photocopy of your result

Dates	School / College	Subjects and Grades
Name of Examination, e.g NECO / SSCE		Date Taken

ACCOMODATION: In order to help us to process your application please advise us of the type of accommodation that you would like to arrange.

Please tick-This choice is not binding:-

Home stay Accommodation

Boarding Accommodation

Their address _____

DECLARATION:

I confirm that the information given on this form is true complete and accurate, no information requested or other material has been omitted. I consent to the processing of this data by Ascending College for educational purpose.

Applicant' Signature & Date

Parent's Signature & Date

**APPLICATION CHECKLIST
IMPORTANT – PLEASE READ CAREFULLY**

Please remember to enclose the following documents with your application form

2 Passports photograph

Photocopy of High School Leaving Certificate / Academic Qualification

A copy of Birth Certificate / Age Declaration

Please return completed application form to:

Ascending College
120, Liberty Road,
Off Ring Road, Ibadan
08050992081, 02-201359726

PAYMENT:

Bank Name: Zenith Bank Plc, Nigeria
Account Name: Ascending College
Account Number: 6011407073