



Lead City University, Ibadan (LCU)

APPLICATION FOR ADMISSION (Postgraduate)

E-Copy

RECEIPT NO:..... FOR OFFICIAL USE

Dispatch to the LCU office on:.....
.....
Application received by:.....
Date:.....
Despatched to on:.....
Application received by:.....
Date:.....

APPLICATION NO: LCU/04/

Please quote this number in any correspondence with the Institution. Return all completed forms to the Admission Office. LCU, Oba Otudeko Avenue, Beside Methodist High School, Toll Gate Area, or 3, Baale Mosaderin Road, Jericho GRA, Secretariat. P.O. Box 30678, Ibadan, Oyo State, Nigeria. Tel: 02-7510682. E-mail: leadcity@lcu.edu.ng; www.leadcity.edu.ng

1. Course desired:

	Faculty	Course
1st Choice:.....
2nd Choice:.....
3rd Choice:.....

Attach securely, a recent passport photograph

2. Mode: Full Time Part Time (Weekend)

3. Name in full: Title.....Surname.....
First Name:.....Middle Name:.....Prefered Initials.....

4. Marital Status and Maiden Name (If Married):.....

5. Date of Birth:.....**6. Nationality:**.....**7. State of Origin:**.....

8. Home Address (Including location, P.O. Box, Tel., E-mail, etc.):.....
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9. Office/sponsor or alternative but reliable contact address (Including location, P.O.Box, Tel., E-mail, etc.):.....
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.....

N.B. Please use additional paper in all cases where spaces provided cannot take all relevant information.

Submit complete application forms with Four passport-sized photographs, Six stamped self-addressed envelopes and Two copies each of the credentials.

10. Complete Educational Records

A. Primary or Elementary

Name of Institution	Place and Country	Period Attended	Certificate Obtained (If any)	Subject and Grades

B. Secondary or High School

Name of Institution	Place and Country	Period Attended	Certificate Obtained (State class or division)	Subject and Grades

C. Post Secondary or Tertiary

Name of Institution	Place and Country	Period Attended	Certificate Obtained (If any)	Subject and Grades

11. Complete Employment Record

What was your occupation during the past year (e.g. school/work/study/unemployed).....

.....

If you are currently employed, please indicate.....

Employer.....Period (years/months).....

Position in organization.....

Occupation.....

Total years of work experience.....

12. List below other most important formal academic/professional course, workshop, or management Programmes which you have participated in:

Course/Workshop Title	Duration	Institution/Organisation	Locations
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13. Please, frankly comment about your personality, academic and professional attainments

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14. Are you attending or taking courses in any tertiary institution at present?

If so, name the institution and list work in progress, stating course title, etc. (Candidates already in tertiary Institutions can still register concurrently for any course they so desire.)

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15. When do you propose to start your course and what is your plan of study? (Part-Time Students only)

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16. Person responsible for payment of fees (Please attach a copy of ID document)

Title.....Initials.....Surname.....
Relationship:.....
Tel(H):.....Tel(W).....Cell-Phone.....
Postal Address:.....
Other Address:.....

17. Comments from sponsoring company/institution where applicable: Please state clearly if the applicant is permitted to read for the program and by what mode of study. State whether the company will or not be responsible for the payment of fees.

Name of Company/Institution:.....
Name of representative:.....
Position:.....
Comments:.....
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.....
.....

Signature:.....

18. Do you have any health or physical disability? If yes, explain:.....

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19. Declaration by applicant

I hereby declare that the information supplied in this form is to the best of my knowledge and belief correct and That if any time the information is found to be untrue, my application should be rejected or studentship terminated. I agree that the institution is not bound by my application to give me admission. I will also present myself for admission selection tests or interviews. That I will accept the decision of the admission/examination committees as final. I also undertake to comply with the rules, regulations and decisions governing the programme which may be applicable to participants in general and /or to the field of study for which I am registered.

Name:.....Signature/Date:.....

Lead City University, Ibadan, Nigeria
The Postgraduate College
Reference for an Applicant for Postgraduate Studies

The Applicant whose name is given below wishes to undertake higher degree studies in the university. The University would be grateful for your comments on the Applicant's suitability for this work.

Your comments will be regarded as confidential information. Please return the completed form direct to the Department of your choice in the Lead City University, Ibadan, Nigeria as indicated in item (2)

To be completed by the Referee:

1. Name of Applicant:.....

Underline Surname
2. Department and Faculty of the University to which Application is being made:.....
3. The degree of the Lead City University, Ibadan which the applicant intends to take:.....
4. How long and in what capacity have you known the applicant?.....
5. Please rate the Applicant on the following characteristics:

	Excellent	Very good	Good	Slightly Above average	Average	Below average	Unable to Assess
Intellectual Capacity							
Capacity for Persistent and Independent Academic Study							
Ability for Imaginative Thought							
Premise of Productive Scholarship							
Quality of Previous Work							
Oral and written Expression in English							

6. Please comment on the Applicant's personality (bearing in mind moral character, emotional and physical stability):

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.....
.....
.....

7. Please rate the Applicant for overall promise

Excellent (Higher 100%)

Very Good (Next 80%)

Above Average (Next 60%)

Average (Middle 50%)

Below Average (Lowest 40%)

8. Should the situation arise, would you accept the Applicant as research student?.....

9. Any other relevant information which would help in determining the Applicant's suitability for Postgraduates studies:

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.....

.....
Name of Referee

.....
Rank or Official Position Referee

.....
School or University

Name of Institution and Full Address:
.....
.....

.....
Signature of Referee and Date

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The Postgraduate College
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