



(Federal Government Approved)



Plot 6, S&T Barracks Road, Opposite Uselu Market, Uselu,
PMB. 1729, Benin City, Edo State, Nigeria
www.lapoinstitute.edu.ng

**APPLICATION FORM FOR THE 2020/21
ACADEMIC SESSION**

AFFIX YOUR RECENT
PASSPORT HERE

APPLICANT'S SURNAME -----

FIRST NAME -----

OTHER NAME -----

PROGRAMME (eg. ND) -----

COURSE -----

NOTE: Type or Print in block letters

1. PERSONAL DATA

- a) Name:
- b) Postal Address:
- c) Permanent Home Address:
- d) Date of Birth:
- e) Sex:
- f) Nationality:
- g) State of Origin:
- h) Local Govt Area:
- i) Marital Status:
- j) Maiden Name:
- k) Religion:
- l) Phone No.:
- m) E-mail Address:
- n) Co-Curricular Activities (eg. Sports/hobbies)

2. OTHER PERSONAL DETAILS: PARTICULARS OF PARENT/GUARDIAN

- a) Name:
- b) Occupation:
- c) Relationship to Applicant:
- d) Address:
- e) E-Mail: Phone No.

3. NEXT OF KIN

- a) Name:
- b) Occupation:
- c) Relationship to Applicant:
- d) Address:
- e) E-Mail: Phone No.

4. SPECIAL NEEDS APPLICANTS

Blind: ----- Deaf: ----- Dumb: -----
 Others (Please specify) -----

5. ACADEMIC RECORDS

a) Institution Attended with Dates

SN	NAME OF INSTITUTION	FROM	TO	QUALIFICATION OBTAINED

b) Examinations Passed or Taken (Photocopies of Certificates or Statement of Results must be Attached)

SUBJECT	SSCE, GCE, NECO, NABTEB OR EQUIVALENT		INDICATE OTHER CERTIFICATES
	1 st SITTING	2 ND SITTING	
	DATE OF EXAM:	DATE OF EXAM:	
	GRADES:	GRADE:	

6. DECLARATION/ UNDERTAKEN

I _____ hereby declare that the information as given in this application form is correct. I agree that any false or incomplete information given in this form automatically disqualifies me from any course of study in LAPO Institute for Microfinance and Enterprise Development. I also undertake to abide by the rules and regulations governing the admission process as well as the general administration of the institute and that failure to do so may result in my summary expulsion with no refund.

Signature of Applicant

Date

7. ATTESTATION

I hereby confirm that the applicant Mr/Mrs/Miss _____
Is known to me and also that the information provided by him/her, is to the best of my knowledge true and correct

Name: _____

Occupation: _____

Address: _____

E-mail: _____ Phone No. _____

Signature

Date

8. FOR OFFICIAL US ONLY

Date Received: _____

Application Completed: Yes _____ No _____

Further comments: _____

Authorised Signature

Date