



CALVARY FOUNDATION INSTITUTE OF TECHNOLOGY (CAFITECH)

NO. 26 Dr. Ugo Street, Ogbete, Enugu, Nigeria.

Form No: CAF

The Registrar,
CAFITECH,
Enugu.

Sir/Madam,

APPLICATION FOR ADMISSION TO STUDY IN CAFITECH

I have the honour most respectful to apply for admission to study _____ in your esteemed institution.

My particulars are as follows:

1. Name: _____
2. Age: _____ 3. Sex: _____ (Male/Female)
4. Marital Status: _____ (Single/Married/Divorced/Separated)
5. Height: _____ 6. Weight: _____
7. Town: _____ 8. Village: _____
9. L.G.A. _____ 10. Cell Phone: _____
11. Land Phone _____ 12. E-mail Address: _____
13. Home Address: _____

14. Office Address: (If any) _____

15. Educational qualifications: _____

a. Primary School: _____

From: _____ To: _____

Qualification: _____

b. Secondary/High School: _____

From: _____ To: _____

Qualification (tick): GCE S.S.C.E NECO NABTEB

Name of Examination: _____

Year of qualification: _____

S/N	SUBJECTS	SCORE/GRADE	DATE
1			
2			
3			
4			
5			
6			
7			
8			
9			

Other qualifications (state): _____

S/N	SUBJECTS	SCORE/GRADE	DATE
1			
2			
3			
4			
5			
6			
7			
8			
9			

c. _____

d. College/Higher School: _____

From: _____ To: _____

Qualification: _____

e. Tertiary Institution (if any): _____

From: _____ To: _____

Qualification: _____

f. Any other School and Qualification? _____

16. Do you have any special skills? _____ (Yes/No)

If yes, name the skill or skills _____

17. COURSE OF INTEREST _____

18. Do you have any health challenges? _____

a. If yes, state the specific health condition: _____

b. If yes, do you think your health challenge will interfere with your studies? _____

c. If yes, how much do you intend to confront the situation? _____

20. Name three Referees who can vouch for your honesty and integrity-

a. NAME: _____

PROFESSION/OCCUPATION: _____

OFFICE ADDRESS: _____

HOME ADDRESS: _____

TELEPHONE: (office) _____ (Residence) _____

E-mail: _____

b. NAME: _____

PROFESSION/OCCUPATION: _____

OFFICE ADDRESS: _____

HOME ADDRESS: _____

TELEPHONE: (office) _____ (Residence) _____

E-mail: _____

c. NAME: _____

PROFESSION/OCCUPATION: _____

OFFICE ADDRESS: _____

HOME ADDRESS: _____

TELEPHONE: (office) _____ (Residence) _____

E-mail: _____

NOTE:

21: Please, attach photocopies of your certificates to his application with your four passport photos

UNDERTAKING

If admitted, I promise to be law abiding and loyal to the authority of CAFITECH, I shall obey all the rules and regulations of the Institution and I shall pay my school fees without being reminded. I agree to be expelled. If I violate any, some or all the rules and regulations governing the students of the Institution.

Name of student: _____
Signature: _____
Date: _____

Name of Parent/Guardian/Sponsor: _____

Telephone (office): _____ Home: _____

Address of Parent/Guardian/Sponsor: _____

E-mail Address: _____

Signature: _____ Date: _____

FOR OFFICE USE

Admitted Not Admitted

If not admitted, Reasons: _____

Course of Study: _____

Department: _____

Name of Officer: _____

Signature: _____ Date: _____

INSTITUTE OF TECHNOLOGY FOR DEVELOPMENT