



(Established under Act No. 1 Of 1990)

# CP- TECHNOLOGY AND SKILL AQUISITION CENTRE



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THIS FORM SHOULD BE COMPLETED AND RETURED WITH CERTIFIED COPIES OF CERTIFICATES, DIPLOMA AND OTHER RELEVANT DOCUMENTS IN SUPPORT OF QUALIFICATION CLAIMED BY THE APPLICANT TO THE CPTASAC OFFICE.

## APPLICATION FORM

PLEASE WRITE IN BLOCK LETTERS

**Surname:**.....**Other names:**.....

1. Sex: Male ( ) Female ( )
2. Marital Status: Single ( ) Married ( ) Widowed ( )
3. Date of Birth:.....
4. Nationality:.....
5. State of Origin:.....
6. Religion:.....
7. Mailing Address:.....
8. Permanent Address:.....
9. Phone Number (GSM):.....

10. Email Address:.....

11. Programme to which admission is sought:.....

12. Field of Interest

:.....

**Schools and University attended with date; starting with the highest qualification**

S/N	NAME OF SCHOOL	TOWN	GRADE	YEAR ATTENDED
1				
2				
3				
4				
5				

**13. Are you currently registered for any programme?**

**14.** Yes ( ) No ( )

**If yes**

**I.** Name of institution.....

**II.** Course of Study.....

**III.** Qualification in view.....

**IV.** Duration; Month..... Year .....

**15. Mode of study :** Part time ( ) Full time ( )

16. Give any other information which you consider relevant to this application.....  
.....  
.....  
.....  
.....

**17. DECLARATION BY APPLICANT**

I,..... hereby declare that the information supplied above are true to the best of my knowledge and if discovered to be false , let the law have it full course.

Signature:.....

Date:.....

**FOR OFFICE USE ONLY**

Result of Applicant:.....	Signed .....	Date.....
Recommendation for Admission	YES.....	NO.....
Sign: .....	Date:.....	
Status Approved.....	Not approved.....	