

ACADEMIC RECORD

31. EDUCATIONAL EXPERIENCE:(LIST THE NAMES OF THE INSTITUTIONS YOU HAVE ATTENDED)

| INSTITUTION(S) : | DATE (S) : | | | | PROGRAMME/COURSE | TYPE/LEVEL OF AWARD |
|------------------|------------|------|------|------|------------------|---------------------|
| | From | | To | | | |
| | Mth. | Year | Mth. | Year | | |
| | | | | | | |
| | | | | | | |
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32. ACADEMIC RECORD:

NOTE: ALL DOCUMENTS SUBMITTED TO THE STUDENT AFFAIRS OFFICE BECOME THE PROPERTY OF EXCELSIOR COMMUNITY COLLEGE AND WILL NOT BE RETURNED TO APPLICANT OR FORWARDED TO ANOTHER INSTITUTION.

| RESULTS KNOWN | | | | RESULTS AWAITING | | |
|---------------|----------|------|-------|------------------|----------|------|
| SUBJECT(S) | LEVEL(S) | YEAR | GRADE | SUBJECT(S) | LEVEL(S) | YEAR |
| | | | | | | |
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33. DO YOU HAVE ANY PHYSICAL DISABILITIES? Yes No

If Yes, please SPECIFY _____

34. EXTRA CURRICULAR ACTIVITIES:

35. ACHIEVEMENTS:

SOURCE OF FUNDING

- 36.**
- | | |
|--|---|
| STUDENTS' LOAN BUREAU (SLB) <input type="checkbox"/> | NATIONAL YOUTH SERVICE <input type="checkbox"/> |
| SCHOLARSHIP: SPECIFY _____ <input type="checkbox"/> | SELF <input type="checkbox"/> |
| SPONSOR: <input type="checkbox"/> | PARENT <input type="checkbox"/> |
| • GOVERNMENT:SPECIFY _____ | OTHER (PLEASE SPECIFY) _____ |
| • PRIVATE: SPECIFY _____ | |

37. ARE YOU AN ECC STAFF MEMBER?Yes No

38. ARE YOU A DEPENDENT OF AN ECC STAFF MEMBER?Yes No STATE RELATIONSHIP: _____

FOR PARENTS/GUARDIAN/NEXT OF KIN

39. THIS CERTIFIES THAT I AM PARTIALLY / WHOLLY RESPONSIBLE FOR _____
WHILE HE/SHE IS ATTENDING THE COLLEGE AND WILL BE FINANCIALLY RESPONSIBLE FOR HIS/HER EXPENSES.

| | | | |
|------------|--------------|-----------|------|
| PRINT NAME | RELATIONSHIP | SIGNATURE | DATE |
|------------|--------------|-----------|------|

ADDITIONAL INFORMATION

40. WORK EXPERIENCE:

EMPLOYED TO:

- PUBLIC SECTOR
 PRIVATESECTOR

 SELF

YEARS EMPLOYED TO THE COMPANY: _____

COMPANY'S NAME: _____

DEPARTMENT: _____

POSITION HELD: _____

TYPE OF JOB: _____

41. FUTURE PLANS:

PLEASE SELECT YOUR EDUCATIONAL GOAL(S):

- | | |
|--|--|
| <input type="checkbox"/> CERTIFICATE PROGRAMME | <input type="checkbox"/> OBTAIN KNOWLEDGE FOR PERSONAL INTEREST |
| <input type="checkbox"/> ASSOCIATE DEGREE PROGRAMME | <input type="checkbox"/> TRAIN FOR NEW CAREER BY TAKING SELECTED COURSES |
| <input type="checkbox"/> BACHELOR'S DEGREE PROGRAMME | <input type="checkbox"/> UPGRADE SKILLS FOR CURRENT JOB |

INTENDED CAREER _____

42. HOW DID YOU OBTAIN INFORMATION ABOUT ECC?

- | | | | |
|--|-----------------------------------|--|---------------------------------------|
| RADIO ADVERTISEMENT <input type="checkbox"/> | INTERNET <input type="checkbox"/> | EMPLOYEE OF ECC <input type="checkbox"/> | CAMPUS VISIT <input type="checkbox"/> |
| TELEVISION <input type="checkbox"/> | FAMILY <input type="checkbox"/> | ALUMNI <input type="checkbox"/> | OTHER <input type="checkbox"/> |
| NEWSPAPER <input type="checkbox"/> | FRIEND <input type="checkbox"/> | CURRENT STUDENT <input type="checkbox"/> | |

IF OTHER PLEASE SPECIFY _____

DECLARATION

I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE.

APPLICANT'S SIGNATURE

DATE

**THIS FORM IS TO BE COMPLETED AND RETURNED TO THE STUDENT AFFAIRS
OFFICE ALONG WITH DOCUMENTS LISTED BELOW.**

FOR OFFICE USE ONLY

RECEIVED

- | | |
|---|--------------------------|
| ➤ ORIGINAL & ONE (1) COPY OF EXAMINATION RESULTS | <input type="checkbox"/> |
| ➤ ORIGINAL & ONE (1) COPY OF BIRTH CERTIFICATE | <input type="checkbox"/> |
| ➤ ORIGINAL & ONE (1) COPY OF MARRIAGE CERTIFICATE AND DEED POLL (WHERE APPLICABLE) | <input type="checkbox"/> |
| ➤ TWO PASSPORT SIZE PICTURES (NAME, DEPARTMENT & YEAR WRITTEN ON BACK) | <input type="checkbox"/> |
| ➤ ONE CHARACTER REFERENCE (FROM THE LAST SCHOOL ATTENDED OR CURRENT EMPLOYER OR MINISTER OF RELIGION OR JUSTICE OF THE PEACE) | <input type="checkbox"/> |
| ➤ ORIGINAL & ONE (1) COPY OF TAXPAYER REGISTRATION NUMBER (TRN) | <input type="checkbox"/> |
| ➤ APPLICATION FEE \$ _____ (NB. APPLICATION FEE IS NON-REFUNDABLE) | <input type="checkbox"/> |

STUDENT AFFAIRS PERSONNEL SIGNATURE

DATE

FOR INTERVIEWER'S USE ONLY

| ASSESSMENT: | EXCELLENT | GOOD | SATISFACTORY | POOR |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| APPEARANCE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| AWARENESS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ORAL EXPRESSION | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| GENERAL SUITABILITY | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ASSESSMENT RATING | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

COMMENTS.....
.....
.....

RECOMMENDATIONS.....
.....
.....

**ADDITIONAL SUBJECT(S)
NEEDED FOR MATRICULATION**.....
.....
.....

INTERVIEWED BY [PRINT NAME]

SIGNATURE

DATE

REGISTRAR'S SIGNATURE (WHERE APPLICABLE)

DATE

I _____ agree to meet the full requirements for matriculation before the start of the next academic year.

APPLICANT'S NAME [PRINT NAME]

SIGNATURE

DATE