

YACOM APPLICATION FORM

PERSONAL INFORMATION

Year and semester you wish to begin program: 20

Surname Name:

First Name.....

Middle Name.....

Gender: Female Male

Date of Birth----- Place of Birth.....

Nationality.....

Postal Address.....

Residential Address.....

Student Mobile Phone..... Home Phone.....

Student Regular Email:

Church...../ Location.....

Pastors Name...../ Phone Number.....

Name of parent(s) or guardian(s) with which you reside

Father's Name.....
Phone Number.....
Address.....

Mothers Name.....
Phone Number.....
Address.....

ACADEMIC RECORD

Name of Senior High School.....
Name of Tertiary Institution.....

PROPOSED PROGRAMME OF STUDY (Please refer from the programme list) Please state the Programme you are applying for in order of preference

1st .Choice.....
2nd Choice.....
3rd Choice.....
What session would you prefer- Morning/ Evening/ Weekend -----

Pastors Recommendation.....

Student Signature:
Parent Signature:
Date.....

PLEASE SUBMIT PASTORS RECOMMENDATION AND TWO PASSPORT PICTURES ATTACHED TO THE APPLICATION FORM.