



COLLEGE OF EDUCATION

P.M.B. 2090, AGBOR

[IN AFFILIATION WITH DELTA STATE UNIVERSITY, ABRAKA]

CLEARANCE FORM

(To be completed in quadruplicate)

MODE OF ENTRY: _____ DATE OF ENTRY: _____

(Surname in Block Letters)

(Other Name)

DATE OF BIRTH: _____ SEX: _____

CONTACT ADDRESS: _____

STATE OF ORIGIN: _____ LOCAL GOVT. AREA: _____

FACULTY TO WHICH ADMITTED: _____

DEPARTMENT: _____

DEGREE IN VIEW: _____ EXAM NO: _____

QUALIFICATION OF ENTRY (Transfer/ New Students only): _____

INSTITUTIONS ATTENDED WITH DATES: _____

CLASS OF CERTIFICATE/DIPLOMA: _____

OTHER QUALIFICATIONS: _____

MATRICULATION NUMBER OF INSTITUTION ATTENDED: _____

DEPOSIT: _____

(Quote Bursary Receipt Number & Date),

I, _____

hereby declare that the particulars stated in this form and photocopies of my credentials attached are to the best of my knowledge and belief correct and I understand that with-holding any information and/or giving information may make me ineligible for registration/matriculation or lead to my expulsion from this College.

(Candidate's Signature & Date)

For office use only

REMARKS

Qualified/Not Qualified for Registration and Matriculation

Screening Officer, External Degree Prog.

Date