



# COLLEGE OF EDUCATION

PMB 2090

AGBOR

[IN AFFILIATION WITH DELTA STATE UNIVERSITY, ABRAKA]

DEGREE/DIPLOMA PROGRAMMES

**PERSONAL DATA FORM** (in quadruplicate)

Please fill in all data required in Block capitals and return this sheet with your  
FOUR PASSPORT PHOTOGRAPHS

MATRICULATION NO: \_\_\_\_\_

SURNAME: \_\_\_\_\_

(OTHER NAMES IN FULL) \_\_\_\_\_

(Official Evidence of Change of Name must be produced)

YEAR OF ENTRY: \_\_\_\_\_

MODE OF ENTRY: Direct [ ], Conditional [ ], Transfer [ ], Weekend [ ], PGDE  
[ ]

FACULTY: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

YEAR OF ENTRY TO PRESENT COURSE: \_\_\_\_\_

LEVEL OF COURSE: \_\_\_\_\_

MARK [X] IN THE APPROPRIATE BOX

STUDENT STATUS: Full Time ( ) Part Time ( )

GRADUATION YEAR: \_\_\_\_\_

SEX: Male ( ) Female ( )

TITLE: MR ( ) MRS ( ) MISS ( ) DR ( ) REV ( )

PROGRAMME OF STUDY: \_\_\_\_\_

MARITAL STATUS; SINGLE ( ) MARRIED ( )

NATIONALTY: \_\_\_\_\_ RELIGION: \_\_\_\_\_

STATE OF ORIGIN: \_\_\_\_\_ LANGUAGE: \_\_\_\_\_

LOCAL GOVERNMENT AREA: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

**DAY**                      **MONTH**                      **YEAR**  
**PLACE OF BIRTH:** \_\_\_\_\_

**BURSARY OR SCHOLARSHIP**    Yes ( )    No ( )

**AWARDED BY:** \_\_\_\_\_

**HALL OF RESIDENCE:** \_\_\_\_\_

(Off Campus Address)

**PERMANENT ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**SPONSORS NAME AND FULL ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**