



Lead City University, Ibadan (LCU)

APPLICATION FOR ADMISSION (Undergraduate)

E-Copy

RECEIPT NO:..... FOR OFFICIAL USE

Dispatch to the LCU office on:.....
.....
Application received by:.....
Date:.....
Despatched to on:.....
Application received by:.....
Date:.....

APPLICATION NO: LCU/04/

Please quote this number in any correspondence with the Institution. Return all completed forms to the Admission Office. LCU, Oba Otudeko Avenue, Beside Methodist High School, Toll Gate Area, or 3, Baale Mosaderin Road, Jericho GRA, Secretariat. P.O. Box 30678, Ibadan, Oyo State, Nigeria. Tel: 02-7510682. E-mail: leadcity@lcu.edu.ng; www.leadcity.edu.ng

1. Course desired:

	Faculty	Course
1 st Choice:.....
2 nd Choice:.....
3 rd Choice:.....

Attach securely, a recent passport photograph

2. **Mode:** Full Time Part Time (Weekend)

3. **Name in full:** Title.....Surname.....
First Name:.....Middle Name:.....Preferred Initials.....

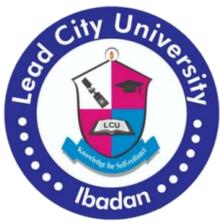
4. **Marital Status and Maiden Name (If Married):**.....

5. **Date of Birth:**.....6. **Nationality:**.....7. **State of Origin:**.....

8. **Home Address (Including location, P.O. Box, Tel., E-mail, etc.)**.....
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9. **Office/sponsor or alternative but reliable contact address (Including location, P.O.Box, Tel., E-mail, etc.):**.....
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N.B. Please use additional paper in all cases where spaces provided cannot take all relevant information. Submit complete application forms with Four passport-sized photographs, Six stamped self-addressed envelopes and Two copies each of the credentials.



Lead City University (LCU)

Admission Feedback Form

www.lcu.edu.ng

Please tick the circles applicable:

1) How did you discover Lead City University, Ibadan?

- Search Engine (Google, Yahoo, etc.)
- Social Media (Instagram, Facebook, etc.)
- Through our school outreach programmes
- Online Advertisement
- LeadRadio 106.3FM
- Other:

Please specify

2a) Were your admission enquiries effectively answered?

- Yes
- No

b) Through what means?

- By Email from the Admissions Office
- From our Contact Center (Phone Call or WhatsApp)
- On Social Media (Instagram, Facebook, etc.)
- In person at the Admission Office
- By Telephone/WhatsApp/Email with: _____

3) Please leave feedback for the admissions office

10. Complete Educational Records

A. Primary or Elementary

Name of Institution	Place and Country	Period Attended	Certificate Obtained (If any)	Subject and Grades

B. Secondary or High School

Name of Institution	Place and Country	Period Attended	Certificate Obtained (State class or division)	Subject and Grades

C. Post Secondary or Tertiary

Name of Institution	Place and Country	Period Attended	Certificate Obtained (If any)	Subject and Grades

11. Complete Employment Record

What was your occupation during the past year (e.g. school/work/study/unemployed).....
.....
If you are currently employed, please indicate.....
Employer.....Period (years/months).....
Position in organization.....
Occupation.....
Total years of work experience.....

12. List below other most important formal academic/professional course, workshop, or management Programmes which you have participated in:

Course/Workshop Title	Duration	Institution/Organisation	Locations
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13. Please, frankly comment about your personality, academic and professional attainments

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14. Are you attending or taking courses in any tertiary institution at present?

If so, name the institution and list work in progress, stating course title, etc. (Candidates already in tertiary Institutions can still register concurrently for any course they so desire.)

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15. When do you propose to start your course and what is your plan of study? (Part-Time Students only)

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16. Person responsible for payment of fees (Please attach a copy of ID document)

Title.....Initials.....Surname.....
Relationship:.....
Tel(H):.....Tel(W).....Cell-Phone.....
Postal Address:.....
Other Address:.....

17. Comments from sponsoring company/institution where applicable: Please state clearly if the applicant is permitted to read for the program and by what mode of study. State whether the company will or not be responsible for the payment of fees.

Name of Company/Institution:.....
Name of representative:.....
Position:.....
Comments:.....
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Signature:.....

18. Do you have any health or physical disability? If yes, explain:.....

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19. Declaration by applicant

I hereby declare that the information supplied in this form is to the best of my knowledge and belief correct and That if any time the information is found to be untrue, my application should be rejected or studentship terminated. I agree that the institution is not bound by my application to give me admission. I will also present myself for admission selection tests or interviews. That I will accept the decision of the admission/examination committees as final. I also undertake to comply with the rules, regulations and decisions governing the programme which may be applicable to participants in general and /or to the field of study for which I am registered.

Name:.....Signature/Date:.....