

**ROLOF COMPUTER ACADEMY WARRI**

**Licensed by Federal Ministry of Education & NBTE. Approved by JAMB.**

**110 APALA STREET, WARRI, DELTA STATE**

Attach passport photo here

www.rolofcomputeracademy.edu.ng

Tel: 081 3533 1745; 081 8578 3901

**STUDENT APPLICATION FORM**

**2021/2022 SESSION**

COMPLETE FORM IN CAPITAL LETTERS

1. **PERSONAL DETAILS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| TITLE |  | SURNAME |  | | |
| FIRST NAME |  | | MIDDLE NAME |  | |
| DATE OF BIRTH | [DD/MM/YYYY] | | GENDER | MALE FEMALE | |
| MAIDEN NAME |  | | MARITAL STATUS |  | |
| EMAIL (VALID) |  | | | CELL PHONE |  |
| L.G.A |  | | STATE OF ORIGIN |  | |
| RELIGION |  | | FACEBOOK |  | |

**2. RESIDENTIAL ADDRESS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ADDRESS |  | | | | |
| CITY |  | STATE |  | COUNTRY |  |

**3. MAILING ADDRESS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ADDRESS |  | | | | |
| CITY |  | STATE |  | COUNTRY |  |

**4. COURSE OPTIONS**

|  |  |
| --- | --- |
| MAJOR COURSE OF STUDY |  |
| ALTERNATIVE COURSE OF STUDY |  |

**5. ACADEMIC INFORMATION** **(STARTING FROM PRIMARY TO HIGHEST INSTITUTION)**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME OF SCHOOL** | **FROM** | **TO** | **QUALIFICATION OBTAINED** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**6. EXAMINATION RESULTS FOR WAEC/NECO/NABTEB**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EXAM TYPE** | **REG NO.** | **YEAR** | **SUBJECTS WITH GRADES** | **AWAITING RESULT** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**7. JAMB UTME SCORE**

|  |  |  |
| --- | --- | --- |
| **UTME REGISTRATION NUMBER** | **SCORE** | **YEAR** |
|  |  |  |

**8. PARENT/GUARDIAN CONTACT INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| TITLE |  | SURNAME |  | |
| FIRST NAME |  | | MIDDLE NAME |  |
| CELL PHONE |  | | EMAIL |  |
| MAILING ADDRESS  (NUMBER & STREET) |  | | | |
| CITY |  | | | |
| STATE |  | | COUNTRY |  |
| OCCUPATION |  | | | |
| RELATIONSHIP |  | | | |

**9. SPONSOR INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| TITLE |  | | |
| SURNAME OR  NAME OF ORGANIZATION |  | | |
| FIRST NAME |  | MIDDLE NAME |  |
| CELL PHONE |  | EMAIL |  |
| MAILING ADDRESS  (NUMBER & STREET) |  | | |
| CITY |  | | |
| STATE |  | COUNTRY |  |
| OCCUPATION |  | | |
| RELATIONSHIP |  | | |

**10. CANDIDATE INFORMATION**

|  |  |  |
| --- | --- | --- |
|  | | **REASONS IF YES** |
| HAVE YOU BEEN CONVICTED OF ANY CRIME IN ANY COURT OF LAW? | YES NO |  |
| HAVE YOU EVER BEEN DIAGNOSED WITH A SERIOUS MEDICAL OR PSYCHOLOGICAL CONDITION? | YES NO |  |
| HAVE YOU EVER BEEN EXPELLED FROM ANY ACADEMIC INSTITUTION? | YES NO |  |
| **NOTE:** ANSWERING YES TO ANY OF THE QUESTIONS ABOVE WILL NOT AFFECT YOUR CHANCES OF ADMISSION. | | |

1. I certify that the information provided in this form and all supporting documentation is accurate and acknowledge

that furnishing any false information may result in disciplinary proceedings being taken against the applicant.

1. I declare that I have furnished the Academy with all the information necessary to make an informed decision about

my admission.

Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DOCUMENTS TO BE SUBMITTED WITH FORM**

1. Printed Application Form
2. Printed copy of 2021 UTME Result Slip
3. Evidence of payment for Application Form/ Bank Teller and/or Receipt
4. Copies of O’Level Results
5. One (1) Recent Passport Photograph

**NOTE**

Candidates are to pay **N2,000** into **Rolof Computer Academy, First Bank Account No. 2032079472** for the form as processing fee.