



ICON INTERNATIONAL POLICY AND PROFESSIONAL SECURITY ACADEMY



Suite 305, Ebenezer Plaza, Area 1 Garki, FCT

Abuja, Nigeria.

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COLLEGE OF PART-TIME STUDIES

APPLICATION FORM FOR ADMISSION INTO:

- *Certificate in Security Mgt. and Strategic Operation (C-SMSO).
- *Diploma in Security Mgt. and Strategic Operation (D-SMSO).
- *Advanced Diploma in Security Mgt. and Strategic Operation (AD-SMSO).

Receipt No.

For the month(s) of _____ 20 _____

COURSE APPLIED FOR _____

(In Block Letters)

SECTION A

**Two Passport
Photographs**

1. Full Name Mr. /Mrs. / Miss/Dr. / Prof. / Engr.

Surname

First _____

Middle _____

(All in Block Letters)

2. Postal Address _____

(Please inform the school of any change of address)

3. Residential Address _____

4. Telephone No (s) _____

5. Date of Birth _____

6. Nationality _____

7. State of Origin _____

8. Local Government Area (LGA) _____

9. Permanent Home Address _____

10. Marital Status (Married/ Single) _____

11. Place of Employment _____

12. Address _____

13. Name of Immediate Boss _____

14. Phone number of Immediate Boss _____

15. Next of Kin: Name _____

: Relationship _____

: Residential Address _____

: Telephone No. _____

16. Father's Full Name _____

Address _____

(Not P.O. Box Please)

Occupation _____ Phone No _____

17. Mother's Full Name _____

Address _____

(Not P.O. Box Please)

Occupation _____ Phone No _____

SECTION B

EDUCATIONAL DETAILS

List of Schools Attended (Primary/ Secondary)

Dates

	NAME	FROM	TO
I.			
II.			
III.			
IV.			

SECTION C

EXAMINATION RECORDS

18. I. Where the examinations were taken at more than one sitting, the applicant must correctly and clearly state the centers, examination number, year and grade obtained at each attempt.

II. All application forms must be accompanied with photocopies of credentials.

	SSCE	GCE	NECO/NABTECH
Date			
Center			
Examination No.			

Subject Grade	Subject Grade	Subject Grade

Failure to complete this section renders the application null and void

HIGHER INSTITUTIONS ATTENDED

S/N	Name of Institution	Course	Year of Graduation	Grade

PROFESSIONAL CERTIFICATE DETAILS

S/N	Name of Institution	Course	Year of Graduation	Grade

SECTION D

19. DECLARATION

I declare that

- i. The Information stated above is to the best of my knowledge and belief, accurate in every details.
- ii. If I am admitted, I shall obey the rules and regulations of the school.
- iii. I have never been expelled from any institution of learning for misdemeanor.

Signature of Candidate

RBT Fingerprint

Date

Note:

- i. If it is discovered at any time, you do not possess any of the qualifications which you claim to have obtained or that any of the information contained in your application is false, you will be withdrawn from the academy without refund.
- ii. **Candidates who fail to submit all relevant information and documents will be disqualified.**

The following documents must be submitted alongside your completed application form

1. Photocopies of credentials and certificates stated in Section B and C of the form.
2. Two photocopies of birth certificates / sworn declaration of age
3. Photocopies of payment slip for application form and tuition.
4. Two passport photographs
5. Photocopy of Bank Teller indicating payment of tuition fee.
6. Photocopy of official receipt of the school.

FOR OFFICIAL USE ONLY

Assessment

Number of relevant Certificates:	
Other Qualifications:	

Duration of Program _____

From _____

To _____

FOR OFFICIAL USE ONLY

Documents Received

Registration No: _____

Passport Photographs: _____

Date Registered and Photocopy of Acknowledged Certificates: _____

Birth Certificate: _____

Receipt No. for N13,000 payment.

(Application fee) _____

Status of Application: _____

Result of Application: _____

Result of Communication: _____

Date: _____

Processed by: _____

(Name)

Signature _____