



# ICON INTERNATIONAL POLICY AND PROFESSIONAL SECURITY ACADEMY



**Suite 305, Abenezer Plaza, Area One Garki, FCT**

**Abuja, Nigeria.**

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## COLLEGE OF PART-TIME STUDIES

### APPLICATION FORM FOR ADMISSION INTO:

**Professional Diploma in Security Mgt. and Strategic Operation (PD-SMS)  
and Advanced Professional Diploma in Security Mgt. and Strategic  
Operation (APD-SMS).**

<b>Receipt No.</b>

For the month(s) of \_\_\_\_\_ 20 \_\_\_\_\_

**Three Passport  
Photographs**

**COURSE APPLIED FOR** \_\_\_\_\_

(In Block Letters)

## **SECTION A**

1. Full Name            Mr./Mrs./ Miss

Surname \_\_\_\_\_

First \_\_\_\_\_

Middle \_\_\_\_\_

Other \_\_\_\_\_

(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. Marital Status (Married/ Single) \_\_\_\_\_

9. Next of Kin: Name \_\_\_\_\_

: Relationship \_\_\_\_\_

: Residential Address \_\_\_\_\_

: Telephone No. \_\_\_\_\_

10. Father's Full Name \_\_\_\_\_

Address \_\_\_\_\_

(Not P.O. Box Please)

Occupation \_\_\_\_\_ Phone No \_\_\_\_\_

11. Mother's Full Name \_\_\_\_\_

Address \_\_\_\_\_

(Not P.O. Box Please)

Occupation \_\_\_\_\_ Phone No \_\_\_\_\_

12. Place of Employment \_\_\_\_\_

13. Address \_\_\_\_\_

14. Name of Immediate Boss \_\_\_\_\_

15. Telephone No of Immediate \_\_\_\_\_

### **SECTION B**

**List of Schools Attended (Primary/ Secondary)**

**Dates**

	NAME	FROM	TO
I.			
II.			

III.			
IV.			

### List Of Tertiary Institutions Attended

## Dates

	NAME	COURSE	FROM	TO
I.				
II.				
III.				

## SECTION C

## EXAMINATION RECORDS

16. 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.			

[illegible]

Failure to complete this section renders the application null and void

**HIGHER INSTITUTIONS ATTENDED**

S/N	Name of Institution	Course	Year of Graduation	Grade

**SECTION D**

**17. 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 required to withdraw from the program.
- ii. **Candidates who fail to submit all relevant information and documents will be obtained.**

Documents required (to be submitted with completed form)

- 1. The completed application form in duplicate.
- 2. Two (2) legible copies of certificates/ statements of results.
- 3. Two photocopies of birth certificates / sworn declaration of age
- 4. Two photocopies of receipt for application fee.

5. Three passport photographs
6. Photocopy of Bank Teller indicating payment of tuition fee.
7. 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 \_\_\_\_\_