

STUDENT INFORMATION FORM  
**COLLEGE OF NURSING SCIENCES, ST CHARLES BORROMEO  
SPECIALIST HOSPITAL, ONITSHA**

Instructions:

1. Please fill out all sections completely and legibly
2. Use BLOCK LETTERS only
3. Mark appropriate boxes with ✓
4. Attach a recent passport photograph

Basic Details

First Name: \_\_\_\_\_

Last Name: (*surname*) \_\_\_\_\_

Other Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Nationality: \_\_\_\_\_

State of Origin: \_\_\_\_\_

Gender

☐ Male   ☐ Female   ☐ Other

Year of Admission: \_\_\_\_\_

Department: \_\_\_\_\_

Current Academic Level: \_\_\_\_\_

Mode of Entry

☐ UTME   ☐ Direct Entry   ☐ Transfer

JAMB Registration Number: \_\_\_\_\_