ST VERONICA MARIA UNIVERSITY

Registration Certificate Form

Passport Photo

Name of Student: _____

Date of Birth: _____ Place of Birth: _____

Nationality: _____ Sex: _____

Marital Status: _____ Religion: _____

Tribe: _____ Clan: _____

Name of Parents: _____

Occupation of Parents: _____

Name of Guardian: _____

Occupation of Guardian: _____

Relationship to Guardian: _____

Contact Address: _____

Telephone: _____ Email: _____

Name of Last School Attended: _____

Year of Entry: _____ Year of Exit: _____

Qualifications Obtained: _____

Qualification Obtained	Year Obtained	Subjects and Grades Obtained	Name of Examining Body	Year of Entry	Year of Exit	Number of Sitting	Certificate Number

Signature of Student: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Registrar: _____ Date: _____

Signature of Dean: _____ Date: _____

Signature of Director: _____ Date: _____

Signature of Vice Chancellor: _____ Date: _____