



BINGHAM UNIVERSITY

P.M.B 005, KM 26 Abuja-Keffi Expressway
Kodope, Karu, Nasarawa State
registrar@binghamuni.edu.ng

Application Number:

88000422

Print Date:

17th December, 2024



BIODATA

Title:	Mr	Surname:	Kuzhe	First Name:	Emmanuel	Other Names:	Ahoagbreyakpo
Phone Number:	09130878390	Email Address:	emmanuelkuzhe22@gmail.com				
Date of Birth:	28th December, 2002	Gender:	Male				
L.G.A:	Kokona	State of Origin:	Nasarawa	Country:	Nigeria		
Marital Status:	Single	Maiden Name:	Matildah Kuzhe	Former Names:	Mafwil		

EDUCATIONAL INFORMATION

Proposed programme of study:

MASTER OF PUBLIC HEALTH (MPH)

Mode of study:

Full time

List of schools attended, with dates (Starting with the most recent)

Institution Name	Qualification	From (Year)	To (Year)
Bingham University Karu, Nasarawa State.	BACHELOR OF SCIENCE (BSC)	2019	2023
Ecwa Staff Secondary School Jos	WAEC	2013	2019
Solid Foundation Academy, Akwanga Nasarawa State.	FIRST SCHOOL LEAVING CERTIFICATE (FSLC)	2009	2013

Examination passed or entered for

Subject	Grade	Exam Type	Exam Number	Exam Date (Year)
Biology	B3	WAEC	4261016073	2020
Chemistry	B3	WAEC	4261016073	2020
Christian Religious Studies	B3	WAEC	4261016073	2020
Civic Education	A1	WAEC	4261016073	2020
English Language	C6	WAEC	4261016073	2020
Mathematics	B3	WAEC	4261016073	2020
Geography	B3	WAEC	4261016073	2020
Marketing	B2	WAEC	4261016073	2020
Physics	B3	WAEC	4261016073	2020

NEXT OF KIN INFORMATION

Title:	Dr	Name	Deborah Madaki Kuzhe	Occupation:	Lecturer
Phone Number:	09130878390		Email Address:	deborahonanubi@gmail.com	
Home Address:	Keffi By Pass Behind Police Station, Akwanga Nasarawa State.				
Office/Business Address:	College of Education Akwanga, Nasarawa State.				

DECLARATION

In seeking for admission to **Bingham University**, I _____ voluntarily agree as a student, to uphold the ideals, standards and regulations set forth by the University and to respect the principles and traditions it upholds as an **ECWA Institution** of higher learning. I also agree, while no information requested in this form is sufficient in itself to deny admission, any false declaration will be enough ground for my **dismissal**.

Date: _____ Signature: _____

ATTESTATION

I hereby attest that the information supplied in this form is, to the best of my knowledge true. The attached photograph is a true resemblance of the applicant.

Full Name: _____ Signature / Date: _____

Contact Address: _____

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Admission Status (Tick as appropriate): ☐ Regular ☐ Provisional

Remarks: ☐ Accepted ☐ Deferred ☐ Rejected Date: _____

Officer Name making entries: _____ Date: _____
