



IMPACT BIBLE COLLEGE AND UNIVERSITY

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6877371

APPLICATION FOR STUDENT ADMISSION

Mr.

Mrs.

Ms.

SURNAME OTHER NAMES

(The Order & the names that appears on your academic documents only)

MAIDEN NAMES

CITY

COUNTRY

DAYTIME PHONE TEL:NUMBER FAX NUME

CITY

P.O.BOX NUMBER

Current Mailing Address (if different from above

COUNTRY

P.O.BOX NUMBER

Personal Information

DAYTIME PHONE EVENING PHONE FAX NUMBER

FEMALE MALE

COUNTRY CITIZENSHIP

MARITAL STATUS NO. OF DEPENDANT

DATE OF BIRTH

MM/DD/YY

COUNTRY OF BIRTH

PERMANENT NIGERIA RESIDENT

YES\NO

ARE YOU A PERMANENT RESIDENT OR CITIZEN? YES

IF YES, PROVIDE A COPY OF THIS STATUS TOGETHER WITH THE APPLICATION. IF NO, COMPLETE AND RETURN STUDENTS PASS

EMPLOYMENT INFORMATION

NAME OF MINISTRY/ COMPANY _____

POSITION _____

ADDRESS _____

TELEPHONE _____ FAX _____

COURSE APPLIED FOR :-

Other options:

1.

2.

3.

Subject combination for students applying for Education _____ & _____

HAVE YOU PREVIOUSLY APPLIED TO IMPACT BIBLE COLLEGE AND UNIVERSTY?

NO OR YES

IF YES,

WHICH SEMESTER? _____ YEAR ? _____

HAVE YOU ATTENDED IMPACT BIBLE COLLEGE AND UNIVERSTY BEFORE?

NO YES

PAST IMPACT BIBLE COLLEGE AND UNIVERSTY

I PLAN TO RESIDE ON CAMPUS** AT HOME OFF- CAMPUS HOUSING (OTHER THAN HOME)

** IF YOU WISH TO LIVE ON CAMPUS, APPLY AND CONFIRM AVAILABILTY OF SPACE PRIOR TO MAKING PAYMENTS

**PLEASE LIST ALL SCHOOLS AND COLLEGES ATTENDED IN THE FOLLOWING SECTION,
ATTACH AN EXTRA PAGE , IF NECESSARY**

ACADEMIC

YEAR

MONTH

SECONDARY AND POST SCHOOL ATTEND

LOCATION CITY/TOWN COUNTRY

YOUR AGE AT SCHOOL(S) ATTEND

NO. OF YEARS SPENT

KIND OF SCHOOL (Secondary, Vocational, etc)

AREA OF STUDY(MAJOR)

NAME OF CERTIFICATES OR DEGREES AWARD

HAVE YOU EVER ATTENDED OR ATTEMPTED A COURSE AT ANY COLLEGE OR UNIVERSITY
NO

GRADUATE APPLICANTS ONLY

I ATTEST TO MY GRADUATION FROM _____ ON _____ IN

OR ITS EQUIVALENCY(GENERAL EDUCATIONAL DEVELOPMENT (GED) OR STATE HIGH SCHOOL
PROFICIENCY EXAMINATION)

NAME OF HIGH SCHOOL (OR EXAM) MONTH/YEAR CITY/ STATE

NAME _____

OCCUPATION _____

ADDRESS _____

TELEPHONE NUMBER _____

PARENT(S)/ GUARDIA

IMPACT BIBLE COLLEGE AND UNIVERSITY

NIGERIA

Tel +23408063662801

Email: collegeimpactbible@yahoo.com

Website:

ADMISSIONS OFFICE IBCU /AD

RECOMMENDATION (DEADLINE MUST BE OBSERVED)

TO BE COMPLETED BY APPLICATION (PLEASE TYPE OR PRINT IN BLACK INK

NAME

Mr.

Mrs.

Ms.

SURNAME OTHER NAMES

PH.D, MASTERS DEGREE, DIPLOMA, CER

TO BE COMPLETED BY EVALUATOR

(An Evaluator must be a person known to the applicant academically e.g. Head teacher, lecturer, class teacher

or registrar. If the applicant has over 2 years work experience his/ her supervisors qualify as evaluators)

NOTE TO EVALUATOR:

This person whose name appears above is applying for admission to IMPACT BIBLE COLLEGE AND UNIVERSITY.

The purpose of this is to an opportunity for students Ministers to develop knowledge, abilities, attitudes and understandings which will constitute a foundation for their growth into competent and responsible graduates for IBCU UNIVERSITY.

It would be of assistance to the Admission Office if you give us your assessment of the applicant.

As IBCU UNIVERSTY admits students every semester, please return to the applicant in time for him/ her to meet the following registration deadlines.

EVALUATOR'S NAME: (in full) _____

TITLE _____

SCHOOL OR COMPANY _____

ADDRESS _____

TELEPHONE: _____ FAX _____

SIGNATURE _____ DATE _____

1. How long have you known the applicant? _____

2. In what capacity have you known the applicant? Please comment on the frequency and context to your interaction.

3. What are the applicant's most outstanding abilities or characters?

4. What are the applicant's most noticeable weaknesses?

5. Which the applicant's character traits would you want to change or see improved?

6. Do you know of any personal circumstances which might affect the applicant's performance? Please explain.

(Please print)

(Please rubber-stamp with school/company stamp)

MM/DD/YY

7. Please give us your appraisal of the applicant in terms of the qualities listed below. To what reference group

(e.g. Student, employee, service) are you comparing the applicant.

A. TRULY EXCEPTIONAL (Equivalent to the very best you have know- a person who in your experience appears only every few years)

B. OUTSTANDING (Comparable to the best student in a current class)

C. WELL ABOVE AVERAGE (Top 25%)

D. ABOVE AVERAGE (Demonstrated high ability)

E. AVERAGE (Capable of completing work)

F. BELOW AVERAGE (Lower than 50%)

G. INADEQUATE OPPORTUNITY TO OBSERVE

A B C D E F G

8. How does this applicant compare with his/her peer group, in academic ability?

(A.) Truly Exceptional (B.) outstanding (C.) Well Above Average (D.) Above Average

(E.) Average (F.) Below Average (G.) Inadequate Opportunity to Observe

9. Please feel free to add information about the applicant's record, potential or personal qualities which you believe would be helpful to the Admission in consideration of this person's application

RECEIVED UNSEALED IT WILL BE REJECTED

Appearance or poise

Self confidence

English proficiency

Ability in Oral Expression

Breadth of general knowledge

Integrity

Independence

Flexibility

Imagination and creativity

Ability to initiate projects and meet deadlines

Ability to analyze problems and formulate solutions

Administrative ability

Ability to work with others.

LIST YOUR ACADEMIC HONORS, AWARDS, COMMUNITY INVOLVEMENT, SCHOLARSHIPS, ACTIVITIES, ATHLETIC INVOLVEMENT AND WORK EXPERIENCE

Statistical Information

This information will be used for Statistical purpose only and will no way affect the admission. Completion of this section is not mandatory, however the data collected will help the university determine needs in planning. Your providing this information is appreciated

DISABILITIES

NONE HEARING MOBILITY SIGHT LEARNING DISABILITY OTHER _____

HOW DID YOU LEARN ABOUT UCCSAT UNIVERSITY?

COLLEGE GUIDE ADVERTISEMENT MAILING COLLEGE/HIGH SCHOOL FAIR OTHER

COLLEGE INTRESTS: PLEASE LIST THE FIRST THREE COLLEGES AND UNIVERSITIES TO WHICH YOU ARE APPLYING,

IF IMPACT BIBLE COLLEGE AND UNIVERSITY IS AMONG YOUR TOP THREE, PLEASE INCLUDE

RANK NUMERICALLY THE THREE PEOPLE WHO INFLUENCED YOU TO APPLY TO IMPACT BIBLE COLLEGE UNIVERSITY

PARENT RELATIVE IBCU STUDENT IBCU FACILITY IBCU ALUMUS/ALUMUNA

FRIEND IBCU ADMISSION REPRESENTATIVE SCHOOL COUNSELLOR SCHOOL TEACHER OTHER

IF YOU WERE REFERRED TO IBCU UNIVERSITY BY SOMEONE, PLEASE LIST HIS/HER ADDRESS SO THAT WE

MAY SEND A THANK YOU LETTER.

NAME STREET
CITY/TOWN COUNTRY

PLEASE LIST THE NAME AND ADDRESS OF ANYONE WHO YOU WOULD LIKE TO RECEIVE INFORMATION ABOUT IMPACT BIBLE COLLEGE UNIVERSITY.

NAME
STREET
CITY/TOWN COUNTRY

ATTESATION

I hereby certify that the information given in this application is correct and complete and to the best of my knowledge, and hereby give my permission to the Admissions Committee to obtain any verification deemed necessary to process my application.

I further certify that I will arrange for the forwarding of official transcripts as requested in the instructions and that such transcripts become the property of the university and will not be forwarded to another institutions nor returned to me.

I will include with this application my application fee and other documents as required in the application instruction including: essays, recommendations, test scores and financial guarantee.

Signature _____ Date _____

Course applied for:

Requirements Submitted/ not submitted:

Grades Verified/ Not Verified:

Course Approved/ Not Approved:

Date: