ANGELS' SIGNATURE COLLEGE OF HEALTH AND MANGEMENT SCIENCES

(Citadel of Learning and Character)

By High Tension, Dugadna Community, Behind Lape Estate by Angels' Signature Academy, Koroduma, Karu, LGA, Nasarawa State, Nigeria.
www.asustech.ng | admissions@asustech.ng

Attach securely a recent Passport Photograph

NEXUS INTERNATIONAL UNIVERSITY

APPLICATION FORM

Please quote this number in any Correspondence with this office and Return your completed form to the College

No. ASSCOHMS/001/. . .

1a. Session:.....

1b. Status: (Full Time | Part Time)

1c. Programme:

Programme	**Program Time**	**Tick as appropriate**
ND Community Health	Full time/on campus	
ND Environmental Health Technology	Full time/on campus	
ND Epidemiology and Disease Control Technology	Full time/on campus	
ND Family Healthcare Technology	Full time/on campus	
ND Health Information Management	Full time/on campus	
ND Medical Laboratory Technology	Full time/on campus	
ND Nutrition and Dietetics	Full time/on campus	
ND Public Health Technology	Full time/on campus	
Master's in Public Health	Hybrid (60% virtual)	
Master's in Business Administration	Hybrid (60% virtual)	
Postgraduate Diploma in Monitoring and Evaluation (Health)	Hybrid (60% virtual)	

2i. Surname:.....

2ii Other Names:.....

3a. Marital Status:.....

b. Maiden Name: (if married):.....

4a. Date of Birth:.....

b. Place of Birth:.....

5a. Nationality:.....

b. State of Origin:.....

c. Local Govt. Area:.....

6. Religion:.....

7a. Contact Address (Not P.O. Box or P.M.B.):.....

.....

.....

b. Permanent Home Address:.....

.....

.....

8a. E-mail:.....

b. Telephone:.....

9. Next of kin

Name:.....

Address:.....

Telephone No:..... e-mail:.....

10. Sponsorship: (Tick as appropriate)

(i) Self ☐ (ii) Parents ☐ (iii) others; specify.....

11. Education Record - College (s) and University Attended

		Year Attended			
Name of Institution	Place and Country	From	To	Certificate Obtained	Attached a copy of all certificates obtained

12. Academic Distinctions or Prizes Received: .....

13. Language (s) spoken apart from English and degree of proficiency (very good, good, fair)

.....

14. Do you have any Health or Physical Disability? Explain.....

.....

15. Give any other information relevant to this application.....

16. On a separate sheet, please give a brief statement of your plan for study (where applicable).....

.....

17. Name and Addresses of three (3) referees, (one of whom should be Head of Department or any other Principal where you studied).

i. .....

ii. .....

iii. .....

.....

DECLARATION BY APPLICANT

I,.....hereby declare that the information and particulars which I have supplied above are true to the best of my knowledge and belief.

Signature..... Date:.....

FOR OFFICE USE

Application Received by:.....

Date:.....

Dispatched to the Department:.....

ANGELS' SIGNATURE COLLEGE OF HEALTH AND MANAGEMENT SCIENCES

Form No:.....

REFEREE'S CONFIDENTIAL REPORT ON AN APPLICANT FOR ADMISSION

The Applicant whose name is given below wishes to undertake programme of studies at Angels Signature College of Health and Management Sciences.

The College would be grateful for your comments on the Applicant's suitability.

Your comments will be regarded as confidential. Please return the completed for directly to the Registrar, Angels Signature College of Health and Management Sciences.

A. To be completed by the applicant.

1. Name of Applicant.....
   (Surname in block letter)
2. Department of the College to which application is being made:

   .....
3. The programme of the College, which the applicant intends to take:

   .....

B. To be completed by the Referee:

4. How long and in what capacity have you know the applicant?

   .....
5. Please rate the applicant on the following characteristics?

	Excellent	Very Good	Good	Slightly Above Average	Average	Below Average	Unable to Assess
Intellectual Capacity							
Capacity for persistent and independent academic study							
Ability for imaginative thought							
Promise of productive Scholarship							
Oral and written expression in English Languge							

6. Please comment on the Applicant's personality (bearing in mind moral character, emotional and physical stability)

.....

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.....

.....

7. Any other relevant information which help in determining the Applicant's Suitability.

.....

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.....

.....

Name of Referee:.....

Rank:.....

Profession:.....

Signature:.....

Address:.....

Phone Number:.....

E-mail:.....

ANGELS' SIGNATURE COLLEGE OF HEALTH AND MANAGEMENT SCIECNCES

ACKNOWLEDGMENT FORM

NAME OF APPLICANT:.....
(Surname First)

PHONE NO:..... E-MAIL:.....

FORM NO:..... RECEIPT NO:.....

COURSE DESIRED:.....

DEPARTMENT:.....

COLLEGE:.....

PLACE OF PURCHASE OF FORM:.....

SEX:.....

RELIGION:.....

SIGNATURE:.....

DATE:.....

NOTE: Applicants are to complete the two Acknowledgment forms, submit one copy and retain the other copy to be presented at the time of registration.