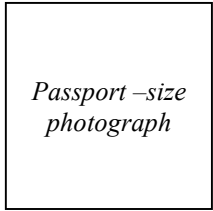


VERITAS UNIVERSITY
ABUJA
(The Catholic University of Nigeria)



OFFICE OF THE REGISTRAR
(RECORDS OFFICE)

2020/2021 STUDENT IDENTIFICATION FORM

Matriculation Number:

Candidate's Name:.....
(Surname first in CAPITALS, then first name and middle name)

Date of Birth: Gender:

Residential Address:

LGA:.....State of Origin:

Nationality(Non-Nigerian):

Telephone Number: Email Address:

Religious Affiliation:.....

Sponsor's Name: Occupation:

Address:

Telephone Number: Email Address:

Next of Kin: Occupation:

Address:

Telephone Number: Email Address:

Course of Study:.....

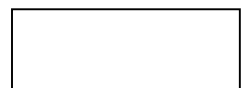
Hobbies:

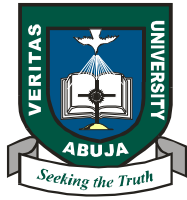
Interest:.....

Social Network Contact:.....

Signature:

Date:





VERITAS UNIVERSITY, ABUJA
(The Catholic University of Nigeria)
Bwari Area Council, FCT-Abuja
Website: <http://www.veritas.edu.ng>

ADMISSION REGISTRATION FORM

Session: ... 2020/2021.....

Candidate's Name:
(Surname first in CAPITALS, then first name and middle name)

Date of Birth: Gender:

Residential Address:

LGA:..... State of Origin:.....Nationality (Non-Nigerian):.....

Telephone No.: Email Address:

Father's/Sponsor's Name: Occupation:

Address:

Telephone No.: Email Address:

Mother's Name: Occupation:

Address:

Telephone No.: Email Address:

Programme (Course of Study):

Bank Teller Number: Amount Paid:

UTME INFORMATION

Registration Number: Aggregate Score:

First Choice Course: First Choice University:

Second Choice Course: Second Choice University:

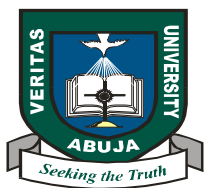
Subject 1: Subject 2:

Subject 3: Subject 4:

Signature:

Date:

(Please attach your UTME, WAEC/NECO/NABTEB Results and payment teller to the completed form before submission.)



VERITAS UNIVERSITY, ABUJA
(The Catholic University of Nigeria)

(Office of the Registrar)

APPLICATION FOR TRANSFER TO VERITAS UNIVERSITY, ABUJA

To be completed in duplicate and in Capital Letters

PART I (To be completed by the applicant)

Name:.....

.....

FIRST NAME

MIDDLE NAME

SURNAME

Date of Birth:

Nationality:.....

Present Postal Address:

.....

.....

Phone Number(s):

Present Institution:.....

Registration Number in Present Institution:

Year of Study in Present Institution (eg. Year II, III, etc).....

Course to which transfer is being sought:.....

Reason(s) for seeking transfer:

.....

Educational Qualification(s)

EXAMINATIONS AND GRADES OBTAINED

WASC	TCII	GCE/HSC/AL	IJMB	NCE	OTHERS

Note: Please attach photocopy of the qualification(s) listed above

NOTE TO APPLICANT

- i. You should request your institution to forward an official copy of you Academic Transcript direct to: The Registrar, Veritas University, Abuja, P. M. B. 7084.
- ii. Only successful applicants will be acknowledged.

PART II (To be completed by Officers of the present Institution)

Comment and Recommendation of Head of Department:

.....
.....
.....

Name/Signature.....Date.....

Phone Number(s).....

Comments and Recommendation of Dean of College/faculty

.....
.....
.....

Name & Signature:.....Date:.....

Phone Number(s).....

PART III (To be completed by the appropriate Officers in Veritas University, Abuja)

Comments and Recommendations of Head of Departments:

.....
.....
.....

Name & Signature:..... Date:.....

Comment and Recommendation of Dean of College:

.....
.....
.....

Name & Signature:.....Date:.....

Application Approved/Not Approved

.....
VICE-CHANCELLOR

