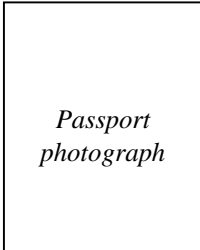


VERITAS UNIVERSITY, ABUJA
(The Catholic University of Nigeria)
Bwari Area Council, F.C.T Abuja



PART-TIME REGISTRATION FORM

Session: **Date:**

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

Date of Birth: Gender:

Residential Address:

State of Origin: LGA:

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 No. Amount Paid:

Signature: Date:

(Please come with the completed form, payment teller)