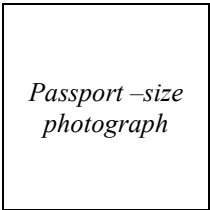


VERITAS UNIVERSITY
ABUJA
(The Catholic University of Nigeria)



OFFICE OF THE REGISTRAR
(RECORDS OFFICE)

2021/2022 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:.....

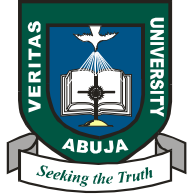
Hobbies:

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>

2021/2022 DIRECT-ENTRY/ TRANSFER REGISTRATION FORM

Session:

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:

Father's/Sponsor's Name: Occupation:

Address:

Telephone Number: Email Address:

Mother's Name: Occupation:

Address:

Telephone Number: Email Address:

Course of Study:

Bank Teller Number: Amount Paid:

DIRECT-ENTRY (DE)APPLICANT

JAMB DE Registration Number:.....

Qualification obtained

A' Level/IJMB/JUPEB/OND/NCE/HND/Degree

Qualification:.....
(Select one from above)

Examination Year:.....

Examination/Admission Number:.....

TRANSFER APPLICANT

(Informationonpresent university)

University:.....

.....

Matriculation Number:.....

Year of Entry:.....

CGPA:.....

Course/Year of Study:.....

Signature:

Date:

(Please attach your WAEC/NECO/NABTEB result,DE Slip/University result and payment tellerto the completed form before submission.)

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 former University)

Comments and Recommendation of Head of Department of the former University

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

Name/Signature/ Date.....Phone No (s).....

Comments and Recommendation of Dean of College/faculty of the former University

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

Name / Signature/ Date..... Phone No (s).....

Comments and recommendation of the Chief security officer of the former University

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

Name/ Signature/ Date..... Phone No (s).....

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

Comments and Recommendation of Head of Department of Veritas University

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

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

Comments and Recommendation of Dean of faculty/ college of Veritas University

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

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

Application Approved/Not Approved by the Registrar Veritas University

-----Name/ Signature/ Date-----