



COLLEGE OF ENTREPRENEURSHIP & SMALL BUSINESS MANAGEMENT (CESBUM)

(Grounding, Resourcefulness and Success)

APPLICATION FOR ADMISSION



1 PERSONAL DETAIL

Surname: Title (Rev./Dr./Mrs./Miss.)

First name..... Other name(s)

Date of Birth Place of Birth Sex M F

Nationality Home town

Marital status: Single [] Married [] Divorced []

Contact Address

..... Tel. No. E-mail

Name and Address of Parent/Guardian

.....

Occupation Tel. No.

Do you have any special need or required support as a result of any disability/medical

condition? Yes No If yes, Please Specify

.....

2 PROPOSED PROGRAMME OF STUDY

What programme do you wish to apply for? Cert. Diploma Higher Diploma

B. Sc PGD MBA M.Sc.

Full title of proposed programme of study

.....

3 ACADEMIC RECORDS

Please list, with dates, all Schools attended

School / College	Qualification (E.g. SSSCE)	Subject	Dates		Grade/GPA
			From	To	

Give details of any professional or other qualification (Provide dates)

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4. EMPLOYMENT RECORDS (start from current)

Self Employed		
Place of Work	Duration	Position

Employment by a Company/Government		
Place of Work	Duration	Position

5. STRATEGIC INFORMATION

Why do you wish to pursue the programme you have chosen?

.....

.....

Give a frank impression of yourself. Please indicate what you stand for.

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What is your most significant achievement? Why consider it significant?

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.....

What are your future plans in relation to studying Entrepreneurship?

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.....

What business do you intend doing in the foreseeable future?

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.....

How long has this business been on your mind?

.....

6 ENGLISH REQUIREMENTS (International applicants only)

Is English your first language? Yes No

If English is not your first language, please provide prove of English Language qualification

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Was English the language of instruction for your previous study? Yes No

7. Sponsorship

How do you intend to finance your study at the College?

Self Parent/Guardian Employer Other specify

Name of Sponsor

Relationship to Candidate

Address

Occupation

Telephone

Day Evening Weekend

8. REFEREES (One Must Be Academic)

Please provide the Name, Address and Position of two referees

Name: Name:

Position: Position:

Address: Position:

Tel: Tel:

E-mail: E-mail:

Please note that these referees will be contacted before admission is granted.

9. SOURCE OF INFORMATION ON COLLEGE OF ENTREPRENEURSHIP

How did you get to know about the College of Entrepreneurship?

News Paper TV Radio Internet Edu Fair

Through a friend _____ Other (Specify)

10. Will you be interested in Accommodation? YES NO

11. DECLARATION

I declare that all information provided by me on this Application Form are genuine and a true reflection of my records.

Date Signature

An application who makes a false declaration or withholds relevant information may be refused admission. Such candidate will be withdrawn if he or she is already admitted.

Candidates are required to complete two forms and return together with copies of certificates to:

The Registrar
COLLEGE OF ENTREPRENEURSHIP & SMALL BUSINESS
MANAGEMENT (CESBUM)
HEAD OFFICE: 317 Ibrahim Taiwo Road.,Opp. SUBEB (1st Floor), Lokoja, Nigeria
TEL: +2348023520943, +2348063260409, +2348032100361, +2348073556701,
+2348036689803, +2348179787445
Website: www.cesbumedu.com, E-mail: president@cesbumedu.com,
provost@cesbumedu.com , registrar@cesbumedu.com,
info@cesbumedu.com,olaolu.oyekola@gmail.com

OFFICE USE ONLY

Amount Paid Receipt No. Date

This candidate was interviewed by

Signature

Fee Status: Nigerian International

Registrars Approval

Signature Date