



**University Of Science, Commerce And
Business Administration (ESCAE – BENIN)**

(DIRECTORATE OF RESEARCH & POSTGRADUATE STUDIES)

RESEARCH & POSTGRADUATE STUDIES APPLICATION FORM

**University Of Science, Commerce And Business
Administration (ESCAE – BENIN)**

DIRECTORATE OF RESEARCH & POSTGRADUATE STUDIES



Affix a recent passport size
photograph of yourself

APPLICATION FOR ADMISSION TO RESEARCH & POSTGRADUATE DEGREE PROGRAMMES

This form should be completed and returned with certified copies of certificates, diplomas and other documents in support of qualifications claimed by the applicant to the Director, **DIRECTORATE OF RESEARCH & POSTGRADUATE STUDIES**, University Of Science, Commerce And Business Administration (ESCAE – BENIN).

PLEASE PRINT ENTRIES LEGIBLY

1. SURNAME..... Other Names.....
2. SEX: Male Female 3. Marital Status: Single Married Widowed
4. Date of Birth..... 5. Nationality.....
6. State of Origin..... 7. Religious Affiliations.....
8. Mailing Address.....
.....
9. (a) Permanent Home Address.....
(b) Phone Number (Landline/GSM).....
(c) E-mail Address.....
10. (a) Programme to which admission is sought.

Degree/Diploma Title

By Research

By Course Work
- (b) Field of interest.....

FOR OFFICIAL USE ONLY

Result of Application..... Signed..... Date.....

Result Communicated..... Signed..... Date.....

11. School and Universities Attended

Name of School	Town	Country	Year Attended
(i).....
(ii).....
(iii).....
(iv).....
(v).....

12. Degrees, Diplomas or Certificates obtained (Class of degree and major subject must be stated)

Degree	Date	Subject(s)	Class of Degree
(i).....
(ii).....
(iii).....
(iv).....
(v).....

13. Distinctions and Prizes

(i).....

(ii).....

14. List of appointments in the past five (5) years

Post	Employer	Date
(i).....
(ii).....
(iii).....
(iv).....

15. Publications and the title of thesis, dissertation or essay submitted for any degree (state whether successful and give dates).

(i).....

(ii).....

(iii).....

(iv).....

(v).....

16. Are you currently registered for a degree in any University? Yes No

If Yes, give the name and address of the institution.....

.....

Course registered for.....

Degree in view..... Date of First Registration.....

17. Have you ever applied for admission to Postgraduate Studies at this University? Yes/No

If Yes, please give year of application.....

18. (a) Mode of study (Whether Full-time or Part-time).....

(b) If Part-time, where will you be based? Town..... State.....

Name three persons to whom reference may be made (at least one of these should be one of your lecturers at University level)

i. Name..... Position/Rank.....

Address.....

ii. Name..... Position/Rank.....

Address.....

iii. Name..... Position/Rank.....

Address.....

(Ask your referees to complete the enclosed confidential form and return them directly to the Director, **DIRECTORATE OF RESEARCH & POSTGRADUATE STUDIES, University Of Science, Commerce And Business Administration (ESCAE – BENIN).**

20. SPONSORSHIP: Give name and address of your sponsor (if any)

Name.....

Address.....

21. Give any other information which you consider relevant to this application.....

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

. 22. DECLARATION BY APPLICANT

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

Signature.....

Date.....

NOTE: Please complete the Transcript Label and ask your University to send the Label along with your Transcript.

**University Of Science, Commerce And Business
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DIRECTORATE OF RESEARCH & POSTGRADUATE STUDIES**



For Office use only

**APPLICATION FOR ADMISSION
TO RESEARCH & POSTGRADUATE DEGREE PROGRAMMES**

FORM FOR ELIGIBILITY

1. Surname Others Name(s) Date of Birth Nationality
2. Address (to which correspondence should be sent).....
.....
3. EDUCATIONAL RECORD (including Secondary School attended)

Name of institution	Place & Country	Years Attended		Degrees, Diplomas or Certificates obtained* (State Class of Degree & Subjects)	Special Field of Study
		From	To		

* Class of Degree must be stated*

(Ask the appropriate officer of your former University send directly to this University your transcript or a statement of your academic record for the period of your stay at that university)

4. WHAT DEGREE/DIPLOMA/CERTIFICATE OF THIS UNIVERSITY DO YOU INTEND TO TAKE?

(b) Field of Interest.....

(c) Name of Department.....

(D) Name of Faculty.....

MODE OF STUDY (Whether Full-time, Distance Learning or Part-time).....

Date..... 7. Signature.....

**University Of Science, Commerce And Business
Administration (ESCAE – BENIN)
DIRECTORATE OF RESEARCH & POSTGRADUATE STUDIES**



Application for Admission
REFERENCE CARD (To be completed by the candidate)

1. Surname.....Male <input type="checkbox"/> Female <input type="checkbox"/> (Mark X inside appropriate square)	
2. Other Name(s)..... (as they appear on the form)	Application for Course
3. Nationality..... State of Origin..... Local Government Area.....	1 st Choice
4. Sponsor.....	2 nd Choice
5. Candidate Postal Address.....	3 rd Choice
6. Candidate Email Address..... The above information has been correctly entered on the card.	

Signature of the Candidate..... Date.....

**University Of Science, Commerce And Business
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**REFeree'S CONFIDENTIAL ON A CANDIDATE FOR ADMISSION
TO RESEARCH & POSTGRADUATE DEGREE PROGRAMMES**

SECTION A (To be completed by the candidate)

1. Name of Candidate.....
(Underline Surname)
2. (a) Department of the University to which application is being made.....
.....
3. Course of study to which admission is sought.....
.....

SECTION B (To be completed by the referee)

Comments will be regard as confidential information. The completed form should please be returned directly to the Director, **DIRECTORATE OF RESEARCH & POSTGRADUATE STUDIES,**. **University Of Science, Commerce And Business Administration (ESCAE – BENIN).**

4. How long and in what capacity have you known the candidate e.g. as his/her lecturer at undergraduate or postgraduate level?
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5. Please comment on the candidate's suitability to undertake postgraduate work in the proposed field (bearing in mind the following intellectual ability; capacity for persistent and independent academic study; ability for imaginative thought; ability for oral and written expression in English).
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6. Please indicate a brief statement, whether you consider the candidate adequate in oral and written expression in English Language to enable him to cope with the needs of his research in an English-speaking University.

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7. Please rank the candidate academically among the students you have known
(Underline which ever applies)

Top 10%, Top 25% Average, Lowest 25%, Lowest 10%

8. Please comment on the candidate's personality (bearing in mind emotional and physical stability)

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9. Should the situation arise, would you feel able to accept the candidate as a research student?

.....

10. Comment freely upon the candidate

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Name of Referee

.....
Rank or Profession of Referee

.....
Signature of Referee

.....
School or University of Referee

.....
Date

Address:.....

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