

University of Port Harcourt

CENTRE FOR CHILDREN WITH DEVELOPMENTAL AND COMMUNICATION DISORDER (CCDCD)



CCDCD, UNIPORT

**PASSPORT
PHOTO**
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APPLICATION FORM FOR ADMISSION TO A HIGHER DEGREE/GRADUATE DIPLOMA FOR 2016/2017 ACADEMIC SESSION

1. Name of Candidate: (SURNAME FIRST BLOCK LETTERS): _____
2. Former Name:
(If applicable, evidence should be attached):
3. Date of Birth:
4. Place of Birth:
5. Marital Status:
6. Nationality:
7. State of Origin:
8. Present Employment:
9. Present/Contact Address:
10. Telephone No.:
11. Email Address:
12. Educational Institutions Attended with Dates and Academic Qualifications With Dates:

INSTITUTION	QUALIFICATION	STATE DATE	COMPLETION DATE	CGPA

PLEASE ATTACH ALL NECESSARY DOCUMENTS WITH YOUR FORM

13. CUMMULATIVE GRADE POINT AVERAGE: _____
14. SCALE: _____
15. PROGRAMME: _____
16. AREA OF STUDY: _____
- MODE OF STUDY: _____
18. REFEREE: (THREE REFEREES ARE REQUIRED)

NAME	ADDRESS	MOBILE NO.

Address this form to The Director, Centre for Children with Developmental and Communication Disorder (CCDCD), International Students' Building, Abuja Park Campus, University of Port Harcourt, P. M. B. 5323, UNIPORT, Choba, Port Harcourt, Rivers State, Nigeria. Submit Application Form to: The Administrative Officer, (CCDCD), UNIPORT. Phone Number 08034913688 Or 08033092885.

N/B: Deadline for submission of form is Monday, October 5, 2016.

I certify that to the best of my knowledge the facts stated on this form are correct.

Signature/Date _____