



# UNIVERSITY OF PORT HARCOURT

Center for Information and Telecommunication Engineering  
(CITE)

CITE UNIPOINT

PASSPORT  
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PASSPORT  
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## M.SC APPLICATION FORM

**SURNAME** (BLOCK CAPITALS): \_\_\_\_\_

**FIRST NAME:** \_\_\_\_\_

**MIDDLE NAMES:** \_\_\_\_\_

**SCHOOL OR UNIVERSITY:** \_\_\_\_\_  
LAST ATTENDED (NAME IN FULL)

**UNIVERSITY DEGREE:** \_\_\_\_\_  
(CURRENTLY BEING HELD)

**STUDY PROGRAMME:** \_\_\_\_\_  
(APPLYING FOR)

Submit the completed application form to the Director, Centre for Information and Telecommunication Engineering, University of Port Harcourt.

Deadline for submission of form is .....

Form Number	CITE/M.Sc/2020/2021
Form issued by	
Receipt Number	



# Centre for Information and Telecommunication Engineering (CITE)

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UNIVERSITY OF PORT HARCOURT

The information requested is treated as confidential. Only the information contained on pages 2 to 4 will be computerized for Admissions Committee purposes. The information is kept until the start of the academic year. The application form and the accompanying documents remain the property of the institute.

1. SURNAME: \_\_\_\_\_ OTHER NAMES: \_\_\_\_\_

2. DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

STATE OF ORIGIN: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

3. NATIONALITY: \_\_\_\_\_

4. SEX: Male  Female

5. MARITAL STATUS: Single  Married  Other

No. of Children: \_\_\_\_\_ Ages of Children: \_\_\_\_\_

6. NATIONAL YOUTH SERVICE/MILITARY SERVICE

Deferred  Service completed  Exempt  Other

7. PERMANENT HOME ADDRESS: (See instructions):

\_\_\_\_\_

Town: \_\_\_\_\_ Zip code: \_\_\_\_\_ Country: \_\_\_\_\_

Tel: \_\_\_\_\_ E-mail (please print clearly): \_\_\_\_\_

8. SOURCE OF FUNDING:

Personal  Organization  Company  None

Please give details \_\_\_\_\_

9. CURRENT STATUS (EDUCATIONAL OR PROFESSIONAL)

Student  Employed  Other  please give details

10. EMPLOYMENT HISTORY (if employed)

Year	Company	Position Held	Job Function

**11. SECONDARY EDUCATION**

Year	Secondary	Qualification/Grade	Secondary School subjects passed and Grades

**12. UNIVERSITY EDUCATION**

Year	University	Qualification	CGPA	Class of Degree

**13. NAME AND ADDRESS OF TWO REFEREES (see instructions):**

**Name** \_\_\_\_\_

**Position** \_\_\_\_\_

**Company/organization** \_\_\_\_\_

**Tel. No.** \_\_\_\_\_

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

**Signature and Date:** \_\_\_\_\_

## NOTES FOR COMPLETING THE APPLICATION FORM

You have decided to apply for admission to the M.SC Degree programmes of the Centre for Information & Telecommunication Engineering. Please submit the documents listed below.

- a) A completed application form using the instructions overleaf. Please write CLEARLY and use BLACK INK OR TYPE.
- b) A handwritten letter stating your reasons for applying.
- c) Curriculum vitae of ONE PAGE ONLY.
- d) E-mail address may be used to contact applicants.
- e) Copies of the credentials i.e. WAEC, GCE & University degree, etc and, if applicable, an attestation of attendance at an educational establishment.
- f) Detailed records of results (class of degree, final CGPA) attained in higher education. In the case of pending awards, results (even partial) should be sent as seen as possible.
- g) Two recent identify photographs with your last name and first name on the back.

### **PERMANENT ADDRESS:**

Indicate the address to which you wish to receive correspondence (further information, decision on Admission, etc.)

**NOTE:** Please note that names of applicants selected for interview will be published in cite-website

**LANGUAGES.** Indicate the level of proficiency using the following codes:

A: fluent                      B: Good                      C: Average

### **NAMES AND ADDRESSES OF TWO REFEREES**

If possible:

- ❖ An academic (Lecturer, Head of Department, Professor)
- ❖ A corporate officer (employer, training period supervisor, etc).

NB: 2 letters of recommendation may be sent to the Director, centre for Information & Telecommunication Engineering (CITE).

Please submit completed form with your CV and other requirements on or before \*\*\*\*\*



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(STAPLE HERE)

## PGD APPLICATION FORM

**SURNAME** (BLOCK CAPITALS): \_\_\_\_\_

**FIRST NAME:** \_\_\_\_\_

**MIDDLE NAMES:** \_\_\_\_\_

**SCHOOL OR UNIVERSITY:** \_\_\_\_\_  
LAST ATTENDED (NAME IN FULL)

**UNIVERSITY DEGREE:** \_\_\_\_\_  
(CURRENTLY BEING HELD)

**STUDY PROGRAMME:** \_\_\_\_\_  
(APPLYING FOR)

Submit the completed application form to the Director, Centre for Information and Telecommunication Engineering, University of Port Harcourt  
Deadline for submission of form is .....

Form Number	CITE/PGD/2020/2021
Form issued by	
Receipt Number	



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