CROWN UNIVERSITY

OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)

APPLICATION FOR SELF-SPONSORED / IN-SERVICE UNDERGRADUATE DEGREE PROGRAMS

NOTES:

i) This form should be typed or completed in BLOCK LETTERS and returned to admissions@crown-university-edu.us. Postal applications are not accepted.
ii) Attach certified copies of your Result Slip, Certificate, Transcripts and a copy of your National ID Card or passport.
iii) The applicant is required to complete Sections A, B, C, D and E.
iv) Attach ORIGINAL receipt for USD 150 application fee.
v) Attach one passport size photo.

SECTION A: PERSONAL DATA

Given Name(s):		Family Name:	
Date of Birth (mm/dd/yyyy):			
Citizenship:			
National ID No:		or Passport No:	
Dependents:			
Contact Address:			
Telephone No:		Email:	
Next of Kin:		Relation:	
Home Address:			
Telephone No:			

SECTION B: ACADEMIC HISTORY

Secondary schools attended, and qualifications attained.

SCHOOL	FROM (mm/yyyy)	TO (mm/yyyy)	QUALIFICATIONS OBTAINED

Other relevant qualifications.

INSTITUTION ATTENDED	FROM (mm/yyyy)	TO (mm/yyyy)	CERTIFICATE AWARDED

SECTION C: WORK HISTORY

State any relevant work history related to the field you are applying for.

WORK PLACE	FROM (mm/yyyy)	TO (mm/yyyy)	POSITION HELD

SECTION D: CHOICE OF PROGRAMS

State the degree course*(s)* for which you wish to be considered for admission in order of preference.

First Preference:	
Second Preference:	
Mode of Study:	Classroom Based ☐ Online ☐
Intake:	March ☐ June ☐ September ☐ December ☐

Have you ever been admitted to Crown University previously? Yes ☐ No ☐

If Yes, indicate your previous student number: _____

What is your reason for starting afresh? _____

_____

SECTION E: DECLARATION

I certify that the information given in this application form is correct to the best of my knowledge.

Signed: _____ Date: _____

Name of Employer (if any): _____

Recommendation: _____

_____

Designation: _____ Signed: _____

SECTION F: FOR OFFICIAL USE ONLY

Recommendation from the Head of Department

Recommended ☐ Not Recommended ☐

Comments: _____

_____

Signed: _____ Date: _____

Recommendation from the Dean of Faculty

Recommended ☐ Not Recommended ☐

Comments: _____

_____

Signed: _____ Date: _____

Approved ☐ Not Approved ☐

Signed: _____ Date: _____

Registrar's Office, 231 S. Clark Street, Chicago, IL 60604