



ACADEMY FOR GOVERNANCE

Headquarters Office: KM 6 Asaba-Ibusa Expressway, Ibusa, Delta State
Lagos Office: SMC House, 14 Dele Adeyemi St, Agungi, Lekki, Lagos



Pro-Bono Master Class Fundamentals of Strategic Planning For Selected Ibusa Young Graduates

APPLICATION FORM FOR ADMISSION

PERSONAL INFORMATION

SURNAMEFIRST.....MIDDLE NAME.....
MALE/FEMALE.....DATE OF BIRTH (DAY)(MONTH).....(YEAR).....

GENERAL INFORMATION

PRIVATE ADDRESS.....
PROFESSION.....TELEPHONE.....E-MAIL
NAME & ADDRESS OF NEXT OF KIN.....

WHAT ARE YOUR PERSONAL OBJECTIVES IN ATTENDING THIS PROGRAMME?
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NYSC DETAILS

WHEN DID YOU SERVE.....WHERE DID YOU SERVE.....

ACADEMIC QUALIFICATIONS WITH DATES

PH.D/M.PHIL./M.SC./M.A/BSC.....CLASS.....

PROFESSIONAL QUALIFICATION WITH DATES.....OTHERS.....

NAME AND ADDRESS OF 2 (TWO) REFEREES

(I) NAME.....
ADDRESS.....
SIGNATURE

(II) NAME.....
ADDRESS.....
SIGNATURE

Iprepared to subject myself to high level of ethics and discipline prescribed for the conduct of affairs in the Academy.

Applicant's Signature