



INSTITUT SUPERIEUR DE COMMUNICATION D'ORGANISATION ET DE MANAGEMENT (ISCOM) UNIVERSITY

LOT 4390, SENADE-AKPAKPA, COTONOU, REPUBLIQUE DU BENIN.

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www.iscomuniversitybr.com

APPLICATION FOR ADMISSION

INTERNATIONAL UNDERGRADUATE ADMISSION OFFICE

FOR OFFICE USE ONLY

Application Name: Date: File No:

APPLYING AS A:

- Freshment (First Year Student)
 Transfer Student
 Direct Entry

APPLYING FOR SEMESTER BEGINNING:

- Fall 20 (1st Semester)
 Spring 20 (2nd Semester)

MODE OF STUDY

- Full Time
 Part Time
 E-learning

AFFIX
PASSPORT
PHOTOGRAPH

ECOWAS/INTERNATIONAL PASSPORT NUMBER:

APPLICATION INFORMATION

Full legal name (as shown on passport):

Surname First Name Middle Name

Other names that may appear on academic records:

Surname First Name Middle Name

Phone Number(s): (including country code)

Applicant e-mail:

PERSONAL INFORMATION

DEMOGRAPHICS INFORMATION

Date of Birth: State of Origin:
Place of Birth: Local Govt. Area:
Genotype: Blood Group: Marital Status: Single Married Other (specific)
Country of Citizenship: Official Language: Native Language:
Gender: Male Female Other (specific). Disabilities if any (Specify):

ADDRESS INFORMATION

Permanent/Home Address:
Must be physical address: post office boxes not acceptable
House Number: Street:
City: State or Province:
Postal/Zip Code: Country:

Mailing Address
If Different From Permanent Address
House Number: Street:
City: State or Province:
Postal/Zip Code: Country:

ENROLLMENT PLANS

I am applying as a candidate for a Bachelor of Art (B.A.) Bachelor of Science (B.Sc.) Bachelor of Engineering (B/Eng.) Bachelor of Education (B.Ed)

Degree in:

Faculty:

NEXT OF KIN'S INFORMATION

Full Name																								
Relationship																								
Tel:																								
Address:																								

INCASE OF EMERGENCY

Full Name																								
Relationship																								
Tel:																								
Address:																								

If any of the above boxes are checked; please address and relationship to you of the parents or Guardian with whom you legal reside and to whom official college correspondence should be sent:

SPONSORS INFORMATION

Relationship (e.g. Father, Mother e.t.c)

Sponsors Name:																								
Residential Address:																								
Country:															Telephone:									
E-mail:																								
Signatures:															Date:									

ADDITIONAL INFORMATION

How did you learn about ISCOM University: _____

Do you have any relative who attended or are currently attending ISCOM University: Yes No

If yes, please provide their names, dates of attendance, and their relationship to you.

Have you ever been convicted for a crime Yes No If yes, please state the nature of the crime

Are you ready to adopt French Language as a second Language Yes No

Do you have your country National ID or Passport Yes No

Have you ever attended, been suspended or expelled from ant institution before Yes No *If yes, please state the reason for your leaving*

APPLICANT STATEMENT

Please review the statement below and sign:

I _____ declares that the information on this form is correct. I understand that any offer of a place is subject to my acceptance of the university's terms and conditions. I accept that if I do not fully comply with these requirements, ISCOM University Reserves the right to cancel my application. I agree that ISCOM University may record and process the information contained in this form in accordance with its Data Protection Policy.

Applicant Signature: _____ Date: _____