



There is also an Admission/Entrance Examination Fee of 4,000 Naira to be Paid. The exam will be held at the School. No venue outside the School can hold this exam. Candidates that failed to sit for the Examination on the designated date(s) may be charged for late Admission.

Successful Candidates at the entrance exam would be required to pay a caution fee of 10,000 Naira at the bursary and then proceed with the evidence of payment (Official Receipt) to the admissions office to receive their admission letters

All payment for Application Form fee of N20,000 should be paid directly to our agent in Nigeria.

Mona Institute of Hospitality Tourism and Management
Zenith Bank Account Number: 1016202794 | UBA Account Number: 1021837260

or College of Hospitality Tourism and Management
Zenith Bank Account Number: 1017425390
Tel: 0817 615 7377, 0902 723 7598
Email: registrar@instituteofhospitality.com.ng
www.instituteofhospitality.com.ng

IF YOU ARE SURE THAT ALL THE INFORMATION YOU HAVE PROVIDED IN THE FORM ARE CORRECT, SIGN BELOW

NAME IN FULL _____

CANDIDATE SIGNATURE

DATE

OFFICIAL SIGNATURE AND DATE

ECOLE SUPERIEURE PANAFRICAINNE DE MANAGEMENT APPLIQUE

ESPAM FORMATION UNIVERSITY

APPLICATION FORM

FORM No: ESPAM - BS.c



APPLICANT'S NAME _____

COURSE _____

DATE OF BIRTH _____

PHONE NUMBER _____

*Affix
Recent Passport
Photograph*

ESPAM FORMATION UNIVERSITY

ADMISSION FORM (BS.c)

_____ ACADEMIC SESSION

RECEIPT No: _____

FOR OFFICE USE ONLY

Serial No: _____

Date: _____

Instructions: Be sure you read and understand the requirements for admission before filling this form.

In addition to Filling and submitting this Form, candidate must also submit the following:

- 4 passport sized photograph (colored with white background);
- Copies of results (BSc, BA, PGD)
- CV or Profile of the candidate
- Birth Certificate
- International Passport/ECOWAS Passport

Note: Please submit all the certified photocopies of the documents mentioned above. Failure to do so will render your admission void.

PERSONAL INFORMATION

Surname: _____

First Name: _____

Contact Address: _____

Contact Phone: _____

Date of Birth: _____

State of Origin: _____

Nationality: _____

OTHER INFORMATION

FATHER'S NAME: _____

MOTHER'S NAME: _____

NAME OF SPONSOR: _____

PARENT OR SPONSOR'S PHONE NUMBER: _____

E-MAIL ADDRESS OF THE PARENTS: _____

WHATSAPP NUMBER OF THE PARENT: _____

EDUCATIONAL INSTITUTION ATTENDED WITH DATES			
SCHOOL	NAME OF INSTITUTION	CERTIFICATE	YEAR
PRIMARY			
SECONDARY			
COLLEGE			
POLYTECHNIC			
UNIVERSITY			
POSTGRADUATE			

PROPOSED COURSE OF STUDY (TICK THE BOX NEXT TO YOUR CHOICE)

- | | |
|--|---|
| <input type="checkbox"/> ACCOUNTING | <input type="checkbox"/> NURSING |
| <input type="checkbox"/> BUSINESS ADMINISTRATION | <input type="checkbox"/> PHARMACY |
| <input type="checkbox"/> ECONOMICS | <input type="checkbox"/> PUBLIC HEALTH |
| <input type="checkbox"/> INTERNATIONAL RELATIONS | <input type="checkbox"/> COMPUTER SCIENCE |
| <input type="checkbox"/> MASS COMMUNICATION | <input type="checkbox"/> LAW |
| <input type="checkbox"/> COMPUTER ENGINEERING | <input type="checkbox"/> EDUCATION |