

BETHEL COLLEGES OF LEADERSHIP, ENTERPREUNERSHIP AND BIBLICAL STUDIES NIGERIA

DEGREE ASSESSMENT & APPLICATION INFORMATION

The documents that you submit to the College, form the basis of our evaluation for your past academic achievements and life experiences. It is important, therefore, that you be as detailed as possible, and adhere to our standardized documentation format in order that we may give you as balanced an assessment as possible.

STANDARDIZED FORMAT REQUIREMENTS

1. Use only either 8¹/₂" X 11" or A4 size page
2. Double space your presentation, using this page as a model for margins.
3. Submit documentary evidence with your resume. Do not send originals but photocopies only. Please date and initial all copies.

Note: The College understands the difficulties some applicants may Encounter obtaining documentary evidence of prior achievements. We reserve the right to withhold diploma or degree certificates until documentary requirements are satisfied or other achievements are agreed to. Where documentary evidence or prior achievements is unavailable, the applicant is requested to present a statement of his/her academic attainment, given in the presence of Notary Public Justice of the peace, Juris Doctor, etc.

Examples of supporting documents:

Educational reports, grade sheets, certificates and diplomas; Bible school or college reports, diplomas, ministerial and ordination certificates and licenses.

4. If you desire to apply for Advanced Standing status by practical ministry and or Life credits, you must be currently involved in a functional role of Christian Ministry or service. Verification of such ministry of service must accompany your application on official letterhead from the organization you serve others should request a covering letter from their senior pastor/minister or leader stating their role in the organization and length of service to date. You must include a bibliography of your library and identify 40 current texts that you have read completely.
 5. Please use separate sheets of paper for each area of requirement.
 6. Please include two (2) current passport-size photos of yourself along with your application.
-
-

7. **POSTAL ADDRESS:** Please forward your application and related information to either the office that sent you information or the Regional Administrative Office that sent you information or the Regional Administrative Offices:- Benin City, Lagos, Port-Harcourt, Abuja & Kano.

Thank you for your cooperation in following our format. We will process your assessment information as quickly as possible. We have asked for this information because we want a clear picture of you as clear as possible. Our desire is to be a distinctive institution and to serve you better.

For Enquiries please call: 08033730140, 0902053742, and 07038689419

Please download the form, fill it and send it back to us online.

ACADEMIC SESSION FORM 20 _____

PLEASE IF THE QUESTION IS NOT APPLICABLE INSERT N/A.

FORM I-20 _____

PERSONAL INFORMATION AND CURRICULUM VITAE	
Surname: _____ First: _____	
Middle: _____	
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Reverend <input type="checkbox"/> Pastor <input type="checkbox"/> Dr. Date of Application: _____	
Address: POSTAL ADDRESS (If different):	Passport/ID No: Telephone Numbers (Include country and area codes) Home: Business:- Fax: E-Mail:
Age: _____ Date of Birth: _____	Nationality: _____
Marital Status: _____	Citizenship: _____
If Married – Name of Spouse: _____	
Age: _____ Date of Birth: _____	
Is your spouse interested in enrolling in a diploma program at this time?	
<input type="checkbox"/> YES.....If yes, please specify which one:	
<input type="checkbox"/> NO	
Name(s) of Children (include gender and age):	
1.	
2.	
3.	
4.	
Primary Language (Mother tongue): _____	
Additional Languages spoken or written (specify): _____	

EDUCATION

High School Attend

College Attended

Year Graduate

University Attended

Year Graduate

Credit Hours Earned

Degree Awarded

Signature

COURSE OF STUDY INFORMATION

Candidates can choose more than one course but not up to three

- 1 ACADEMICS STUDIES – JAMB UTME, POST UTME, WAEC, NECO, NURSING, COMPUTER STUDIES/CBT
- 2 BUSINESS SCHOOL
- 3 PROFESSIONAL STUDIES
- 4 RELIGIOUS EDUCATION/VOCATION

SECULAR OR RELIGIOUS EDUCATION

CHRISTIAN EXPERIENCES AND SERVICES (SAMPLES)
BE SURE TO INCLUDE PHOTOCOPIES OF ALL TRANSCRIPTS, COURSE
RECORDS, CERTIFICATES, ETC. TO SPEED VERIFICATION.

YEAR	DESCRIPTION
-------------	--------------------

**BETHEL COLLEGES OF LEADERSHIP,
ENTERPREUNERSHIP AND BIBLICAL STUDIES
NIGERIA**

STUDENTS REGISTRATION FORM

ACADEMIC SESSION FOR: 20_____

If question is not applicable insert N/A

Name:

Address: City:

State/Province ZIP/Post Code:

Country: Phone:

E-mail: Place Of Birth:

Date Of Birth Marital Status Gender:

Organization's Name: Phone:

EDUCATION

Secondary School: Year Graduated:

College/Poly Attended: Year Graduated

University Attended Year Graduated:

Credit Hours Earned: Degree Awarded:

Signature:

What program do you wish to enroll into or what major do you wish to have: with UCBS.

What program do you wish to enroll into or what major do you wish to have: with UCBS.

MONTH, DATE AND YEAR ADMITTED INTO BUCBS

MONTH, DATE YEAR EXPECTED TO GRADUATE FROM BUCBS

Method of payment

Check Bill me Visa POS

Master Card American Express by ATM Cash

Acct. Name: BETHEL COLLEGE OF LEADERSHIP STUDIES

Acct. Num: 1000096299

Bank: Globus Bank

Acct. Name: TRAIN TO REIGN MINISTRY INC

Acct Num: 1012389804

Bank: ZENITH BANK

UNDERTAKING

I (NAMES) _____

**HEREBY AGREE TO ABIDE BY AND TO THIS INSTITUTION
RULES, REGULATIONS AND LAWS.**

**I DO APPEND MY NAMES AND SIGNATURE TO THIS
UNDERTAKING THAT MY FAILURE TO COMPLY WITH ALL
THE RULES OF THE COLLEGE (BETHEL COLLEGE), THE
COLLEGE MANAGEMENT WILL TAKE ANY DISCIPLINARY
MEASURE REQUIRED AS ENTRANCED IN THE INSTITUTION
RULES AND REGULATIONS.**

**I ALSO AGREE TO PAY MY MONTHLY INSTALLMENT FEES ON
EVERY FIRST SATURDAY OF THE MONTH.**

SIGNATURE

DATE

