REFUND POLICY:

- No refund of application form payment.
- No refund of fee after the student has resumed into the school.

Waiver:

Student who secures admission into **University** may be considered for refund with evidence of admission. However, appropriate charges will be deducted.

• Twenty percent administrative fee will be charged on the student who has paid but has not resumed into the school.

Declaration:

I confirm that the information given on this form is true, complete and accurate, no information requested or other material has been omitted. I consent to processing of this data by Ascending College for Admission purpose.

Applicant's Signature	Parent's Signature
Date:	 Date:
Date:	Date:



abe) Business Growth



Cambridge A Level School

ABE (UK) Diploma Programme

ETS Global Test Centre

Computer Training & Services

ASCENDING COLLEGE

108/120, Liberty Road, Ibadan, Nigeria. Tel: 08050992081

www.ascendingcollege.com E-mail: ascendingcollege@yahoo.com

Date:

APPLICATION FORM

Personal Details (Please complete in blo Surname/ Family Name:		First Name:	
Surname, Family Ivame:		First Na	me:
Other Names:		Sex:	
Title (Miss/Mr.)		Date of Birth (dd/mm/yyyy)	
Address for Correspon	ndence:	Permane	nt Address:
Telephone:	· Colle	E-mail:	
Country of Birth:		Nationality:	
Country of Permanent Resident:		State of Origin:	
condition which requir	res special facilitie	es)	
Special needs (State by condition which required Please Tick A' Level per CAMBRIDGE	res special facilitie	ish to atten	
condition which require Please Tick A' Level p CAMBRIDGE Please Tick the subject	res special facilitie rogramme you w JUP ts you would like	es) ish to atten EB S to offer in	Ascending
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condition which require Please Tick A' Level p CAMBRIDGE Please Tick the subject	res special facilities rogramme you w JUP ts you would like core and one opti	ish to atten EB S to offer in a	Ascending commercial
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James A. Adeoshun - Managing Director

State the degree course subject(s) you may	y wish to study at university (this choice is not			
binding)	, (
Who will pay your fees?				
Parent's Details				
Father's/Guardian's Name:	Mother's/Guardian's Name:			
Occupation:	Occupation:			
Home Address:	Home Address:			
Telephone number:	Telephone number:			
Land Line:	Land Line:			
Mobile:	Mobile:			
E-mail:	E-mail:			
EDUCATION:				
Date School/College	Subjects and Grades			
Accommodation: In order to help us prod	cess your application please advice us of the type of			
accommodation that you would like us to				
Please tick one. This choice is not binding	,,			
Home Accommodation				
Boarding Accommodation				
Staying with relatives around				
Relative Address (if staying with relatives	s)			
APPLICATION CHECK LIST				
IMPORTANT: PLEASE READ CARE	FULLY			
Remember to enclose the following documents	nents with your application form			
1. 6 passport photography				
2. Photocopy of high school leaving	certificate/academic qualification			
3. A copy of birth certificate or age d	eclaration			
Please return completed form to:				
ASCENDING COLLEGE,				
120, Liberty Road,				
Oke -Ado, Ibadan.				