MIDLAND INTERNATIONAL COLLEGE OF TECHNOLOGY

8, Oshota Bus Stop Ijede road beside MRS filling station Ikorodu Lagos.

STUDENT REGISTRATION FORM

STUDENT INFORMATION

Full Name (Surname First)

Date of Birth

Gender

☐ Male   ☐ Female

Nationality

Home Address

Phone Number

Email Address

PARENT/GUARDIAN INFORMATION

Full Name

Relationship

Phone Number

Email Address

PROGRAMME INFORMATION

Department of Information Technology:

☐ Coding & Software Development

☐ Data Analytics for Beginners

Department of Business Administration:

☐ Entrepreneur & Start-up Management

☐ Project Management

Department of Tourism and Hospitality Management:

☐ Tour guiding and Tourism Management

☐ House Keeping and Accommodation

☐ Hospitality Management

Department of Health Care Support:

☐ Healthcare Assistant　　　　　　　☐ Elderly Care Support Specialist

☐ Professional Child Care Support
　 Specialist

Emergency/Certificates Courses:

☐ Basic Life Support (AHA) Certified　　☐ Life Savers Course (AHA) Certified

☐ CPR/AED Emergency Course, AHA　　☐ First Aid Basic Course (AHA) Certified
　 Certified

☐ Phlebotomy

Preferred Intake:

☐ January　　　☐ April　　　☐ July　　　☐ October

ACADEMIC BACKGROUND

Highest Qualification　　　Previous Institution　　　Year of Graduation

_____　_____　_____

EMERGENCY CONTACT

Full Name　　　　　　　　Relationship　　　　　　　Phone Number

_____　_____　_____

DECLARATION

☐ I hereby declared that the information provided above is true and accurate to the best of
　 my knowledge. I understand that any false information may result in the rejection of my
　 application or dismissal from the institution.

Phone Number　　　　　　　　　　　　　Email Address

_____　_____

FOR OFFICE USE ONY

Admission Number　　　　Course Code　　　　　Date Received

_____　_____　_____

Approved Signature & Date

_____

**MIDLAND INTERNATIONAL COLLEGE
OF TECHNOLOGY**

admission@midlandictech.com　┃　+2349126343918　┃　midlandictech.com