CATHOLIC INSTITUTE OF WEST AFRICA (CIWA)
PORT HARCOURT, RIVERS STATE, NIGERIA

DIPLOMA PROGRAMME
PHILOSOPHY AND COMMUNICATION STUDIES

(Office of the Registrar)

CANDIDATE’S APPLICATION FORM
**CANDIDATE’S CHECK LIST OF MATERIALS TO COMPLETE APPLICATION FORMS**

Items Marked ✓ have been received.

Items marked ☒ are still required from you.

Items are to be in quadruplicates, and enclosed in four flat files.

<table>
<thead>
<tr>
<th>No.</th>
<th>Item</th>
<th>Received</th>
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<tbody>
<tr>
<td>1</td>
<td>4 Application Forms (Form A)</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>4 Passport Sized Photographs</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>SSCE/GCE/NECO/Diploma and other qualifying Certificates</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Transcripts (original and 3 photocopies)</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Medical Certificate</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Letter of Release from Bishop/Superior/Employer</td>
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</tr>
<tr>
<td>7</td>
<td>Clergy/ Religious Form (Appendix to Form A)</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Confidential letters from two Referees</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Receipt of Application Fee</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>A Self Address Envelope with ₦50 Postage Stamp</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Any Other Relevant Material</td>
<td></td>
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</table>
CATHOLIC INSTITUTE OF WEST AFRICA
(PORT HARCOURT, RIVERS STATE, NIGERIA)

PROGRAMME FORM FOR ADMISSION

FORM A:

APPLICATION FOR ADMISSION:
UNDERGRADUATE ☐
POST GRADUATE ☐
DIPLOMA ☐

(Please print all entries legibly in block capitals)

TO THE APPLICANT
The Catholic Institute of West Africa is pleased to learn of your interest in its Programme. The information required in the several sections of this form will assist us in evaluating your background and qualifications. All information contained in this application is confidential and will be used only by the Institute Officers in charge of your welfare.

The form should be completed in quadruplicate and returned with photocopies (in quadruplicates) of certificate, diplomas and other documents relevant of your applications claimed by you, to: The Registrar, Catholic Institute of West Africa, P.O. Box 499, Port Harcourt, Rivers State, to reach him not later than the 30th day of June prior to the academic year in which you expect to be admitted.

SECTION ‘A’

1. Surname: ………………………………………………………………………………………………………………………………………………….
   (Other Names): …………………………………………………………………………………………………………………………………………………

2. Mailing Address: …………………………………………………………………………………………………………………………………………………

3. Permanent (Home) Address: …………………………………………………………………………………………………………………………………………………

4. Tel. No(s): …………………………………………………………………………………………………………………………………………………

5. E-mail Address: …………………………………………………………………………………………………………………………………………………

6. Sex: (Please tick the appropriate box) Male ☐ Female ☐

7. Marital Status (Please tick the appropriate box)
   Single ☐ Married ☐ Widowed ☐
   If married, give name and contacts of Wife or Husband
   ………………………………………………………………………………………………………………………………………………………………………
   (Surname) (First Name) (Other Names)

Address/Tel.
8. Date of Birth: ……………………………. ……………………………. …………………………….
      (Day) (Month) (Year)

9. Age Next October: …………………………………………………………………………………………….

10. Town of Origin: …………………………………………………. L.G.A …………………………….


12. Nationality: ……………………………………………………………………………………………………….

13. Religion: ………………………………………………………………………………………………………………….

14. Denomination: ……………………………………………………………………………………………………….

15. Occupation: ……………………………………………………………………………………………………….

16. Person to be contacted in case of emergency (Next of Kin)
   (i) Name: ……………………………………………………………………………………………………….
   (ii) Relationship: …………………………………………………………………………………………….
   (iii) Occupation: …………………………………………………………………………………………….
   (iv) Address: ……………………………………………………………………………………………………….
   (v) Tel. no(s): ……………………………………………………………………………………………………….
   (vi) E-mail Address: …………………………………………………………………………………………….

**SECTION 'B'**

17. Educational and Professional Records (including Secondary Schools attended)
   (Ask the appropriate Authority of your former University to supply direct to this Institution your transcript or
   statement of your academic records for the period of your stay at that University)

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>Town/Country</th>
<th>Year(s) Attended From ___ to ___</th>
<th>Certificates Obtained</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Secondary School(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Any other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

18. List O Level certificate examination subjects, grades obtained and year(s).

<table>
<thead>
<tr>
<th>O/Level Examination</th>
<th>List of Subjects with at least 6 Credit</th>
<th>Grade</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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</tbody>
</table>
19. Academic Distinction or Prizes Received: ..........................................................
........................................................................................................................................

20. Have you obtained the permission and support of your Employer/Superior?
........................................................................................................ If so attach Documentary evidence

21. Name two persons to whom reference may be made, and whom you have asked to support this
application with a Confidential Letter (at least one of these should be a person who has taught you).

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Present Address/Tel.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(ii)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

22. Give other information, which you consider relevant to your application (e.g. knowledge of languages)
........................................................................................................................................

DECLAARATION BY APPLICANT

23. I hereby declare that the particulars which I have supplied above are true to the best of my knowledge
and belief.
................................................................................................................................. Date: .........................
Signature (As customarily written)

For Office Use Only

Serial No. .............................................................. Reg. No. .................
Date of Receipt: ..........................................................
Date Acknowledged: .....................................................
Date Forwarded to Dept: .............................................
Receipt No. for Application Fee: ..............................................
Document(s) Received: ..........................................................
(a) Transcript: ..........................................................
(b) Referee’s Report: .....................................................
(c) Photocopies of original certificates..............................................
Result of Application: ..........................................................
Registration No. Assigned: .............................................
Name and Signature of Officer Checking: ..............................................
Date ................................. Signatures: .................................

___________________________
Registrar

___________________________
Programme Coord./Director/HOD

Date .................................
FACULTY OF THEOLOGY

FORM B: Snr. .................

FORM FOR REFEREES (I)

Referee’s report on Candidates seeking admission to Theology Programmes

TO BE FILLED IN BY THE CANDIDATE

1. Name of Candidates: ……………………………………………………………………………………
2. Faculty to which admission is sought: …………………………………………………………………
3. Programme: …………………………………………………………………………………………….
4. Degree in view: ………………………………………………………………………………………….

TO BE FILLED IN BY THE CANDIDATE’S REFEREE

5. How long and in what capacity have you known the candidate?

………………………………………………………………………………………………………………

………………………………………………………………………………………………………………

6. What is your assessment of the student’s academic ability: intelligence, initiative, capacity for sustained work on graduate level?

………………………………………………………………………………………………………………

………………………………………………………………………………………………………………

7. Do you consider the candidate’s ability for oral and written expression in English adequate for the high-level work in an English speaking University in a graduate programme?

………………………………………………………………………………………………………………

………………………………………………………………………………………………………………

8. Comment freely on the candidate’s proficiency in other language:

………………………………………………………………………………………………………………

………………………………………………………………………………………………………………

9. What is your opinion of the candidate’s character?

………………………………………………………………………………………………………………

………………………………………………………………………………………………………………

10. Are you able to accept responsibility for any erroneous or misleading assessment of the candidate supplied by you here?

………………………………………………………………………………………………………………

………………………………………………………………………………………………………………
11. How do you rate the candidate in terms of academic work and psychological balance?

<table>
<thead>
<tr>
<th>Academics</th>
<th>Psychological balance and Human relationship</th>
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</thead>
<tbody>
<tr>
<td>Tick</td>
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<tr>
<td>Exceptionally Good</td>
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<td>Average</td>
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<tr>
<td>Below Average</td>
<td>Below Average</td>
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</tbody>
</table>

Name of Referee

Status

Address: ........................................................................................................
CATHOLIC INSTITUTE OF WEST AFRICA
IN AFFILIATION WITH THE UNIVERSITY OF CALABAR

FACULTY OF THEOLOGY

FORM B:  

Snr. ………………

FORM FOR REFEREES (2)

Referee’s report on Candidates seeking admission to Theology Programmes

TO BE FILLED IN BY THE CANDIDATE

5. Name of Candidates: …………………………………………………………………………………………
6. Faculty to which admission is sought: ………………………………………………………………………
7. Programme: ………………………………………………………………………………………………………
8. Degree in view: ………………………………………………………………………………………………

TO BE FILLED IN BY THE CANDIDATE’S REFEREE

5. How long and in what capacity have you known the candidate?

…………………………………………………………………………………………………………………

………………………………………………………………………………………………………..

6. What is your assessment of the student’s academic ability: intelligence, initiative, capacity for sustained work on graduate level?

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7. Do you consider the candidate’s ability for oral and written expression in English adequate for the high-level work in an English speaking University in a graduate programme

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8. Comment freely on the candidate’s proficiency in other language:

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9. What is your opinion of the candidate’s character?

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11. Are you able to accept responsibility for any erroneous or misleading assessment of the candidate supplied by you here?

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11. How do you rate the candidate in terms of academic work and psychological balance?

<table>
<thead>
<tr>
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<td>Good</td>
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<td></td>
<td>Average</td>
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<td></td>
<td>Below Average</td>
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</tbody>
</table>

Name of Referee

Status

Address: ..........................................................................................................................
EXTRA INFORMATION SOUGHT FROM CLERGY/RELIGIOUS/MINISTER OF RELIGION

1. Diocese to which incardinated (for diocesan clergy)
   ………………………………………………………………………………………………………

2. Name of Religious Congregation/Order (for Religious): ………………………………..
   ………………………………………………………………………………………………………

3. Month and Year of Ordination/first/final religious profession: ………………………
   ………………………………………………………………………………………………………

4. Ministry/Apostolate since ordination/religious profession

<table>
<thead>
<tr>
<th>Type of Ministry/Apostolate</th>
<th>Place</th>
<th>Position Held</th>
<th>Year</th>
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5. Name and address of your Bishop/ Superior/Sponsor
   ………………………………………………………………………………………………………
   ………………………………………………………………………………………………………
   ………………………………………………………………………………………………………

   Tel. and E-mail address ……………………………………………………………………….

6. Signature of Bishop/Superior/Sponsor
   ………………………………………………………………………………………………………
   Stamp/Seal
   Date ……………………………………………………………………………………………

7. Attestation of applicant’s health by Ordinary/Superior/Sponsor
   I attest that to the best of my knowledge that this applicant enjoys good health.

   ………………………………………………………………………………………………………
   Signature of Bishop/Superior/Sponsor
   Date: ……………………………………………………………………………………………
   Stamp/Seal: ……………………………………………………………………………………………
CATHOLIC INSTITUTE OF WEST AFRICA
PORT HARCOURT

CANDIDATE’S SPONSORSHIP FORM

<table>
<thead>
<tr>
<th>FACULTY</th>
<th>PROGRAMME</th>
<th>DEPARTMENT</th>
<th>DEGREE</th>
</tr>
</thead>
</table>

Name of Candidate: ……………………………………………………………
Department: …………………………………………………………………
Mailing Address: ………………………………………………………………
Permanent Address: ……………………………………………………………
Marital Status: ………………………………………………………………
Name of Sponsor: ……………………………………………………………
Office Address: …………………………………………………………………
Home Address: …………………………………………………………………
Phone Number: ………………………………………………………………
E-mail Address: ……………………………………………………………..
Occupation: …………………………………………………………………
Relationship with Candidate: …………………………………………………
Sponsor’s Comment: ……………………………………………………………

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………………………………………………………………………………
………………………………………………………………………………

Signature of Sponsor  Signature of Student

Date: …………………….. Date: …………………..