



HORIZON BUSINESS SCHOOL 01

APPLICATION FOR ADMISSION FORM 2018/2019 SESSION

#13 Edede Str., Owerri, Imo State, Nig. Tel: +234 902 424 1669, +234 902 482 6821.

Website: www.horizonbusinessschool.com, E-mail: info@horizonbusinessschool.com

All Applicants Must Complete This Form

PERSONAL DETAILS

Please use capital letters

Title Mr Miss Ms Other

Last name/Surname

First name

Middle name/s

Gender (please tick) Female Male

Date of birth
Day Month (e.g.Dec) Year

State of Origin

L.G.A

Contact Address

Phone No

Email

CHOICE OF PROGRAMME

ICAN

CIBN

ABMA EDUCATION

CIPS

ACCA

SHORT COURSE

Professional Programs

LEVEL (Specify).....

COURSES (Specify).....

SHORT COURSES (Specify)

1.....

2.....

3.....

ACADEMIC HISTORY

Please submit Copies of relevant Certificates & qualifications

SCHOOL ATTENDED (SECONDARY)

Name of School

Address of School

Year Graduated Telephone

Certificate Obtained



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SCHOOL ATTENDED (UNIVERSITY)

Name of School					
Address of School					
Year Graduated				Telephone	
CERTIFICATE OBTAINED					

PROFESSIONAL QUALIFICATIONS

INSTITUTE ATTENDED

Name of Institute					
Address of Institute					
Year Attended				Telephone	
Professional Certificate Obtained					

FILL BELOW IF MORE THAN ONE PROFESSIONAL BODY WAS ATTENDED

INSTITUTE ATTENDED (contd.)

Name of Institute					
Address of Institute					
Year Attended				Telephone	
Professional Certificate Obtained					

EMPLOYMENT HISTORY

	NAME OF COMPANY	DESIGNATION
1.		
2.		
3.		

ANNUAL SALARY:.....

DECLARATION

I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND THAT I SHOULD BE HELD LIABLE IF ANY OF THE INFORMATION IS FOUND INCORRECT OR MISLEADING
I AGREE TO ABIDE BY THE TERMS AND CONDITIONS OF HORIZON BUSINESS SCHOOL.

Name _____

Signature _____

Date _____