

1.Name of faculty applying for _____ Date:_____

2.Name of the department _____

Section B:Personal Data

Personal

Photograph



Name: -----

□

Date of Birth /...../.....

□

Place of birth: -----

□

Mother's name: -----

□

Marital Status: -----

□

Level of education: -----

□

Name of secondary school graduate.....

□

Year of graduation.....

□

Grade obtained

□

Nationality: -----

□□□□□□□□□□ □

Local Address

□

Email Address:

□

Section C:Student type

Personal

Photograph

First time enrolling at any university

Personal

Photograph

Returning to NU from an absence

□

Declaration

□

I declare that all the information given in this form is correct and complete

□

Signature _____

□

Date _____

□

□

□

□

□

□