LEADERS CAMPUS
ECOLE SUPERIEURE DE COMMERCE ET D' ADMINISTRATION DES ENTREPRISES
+229 96047216, 51838377, 68262958 www.escaeunibenin.edu.bj
Carre 0297, Sekandji Carrefour Zone Parc

APPLICATION FOR ADMISSION

FOR OFFICE USE ONLY

Application Name:

APPLYING AS A:
- ☐ Freshmen (First Year Student)
- ☐ Transfer Student
- ☐ Direct Entry

APPLYING FOR SEMESTER BEGINNING:
- ☐ Fall 20 (1st Semester)
- ☐ Spring 20 (2nd Semester)

- ☐ Full Time
- ☐ Part Time
- ☐ E-learning

AFFIX PASSPORT PHOTOGRAPH

ECOWAS/INTERNATIONAL PASSPORT NUMBER:

APPLICATION INFORMATION

Full legal name (as shown on passport):

Surname | First Name | Middle Name

Other names that may appear on academic records:

Surname | First Name | Middle Name

Phone Number(s): *(including country code)*

Applicant e-mail:

PERSONAL INFORMATION

DEMOGRAPHICS INFORMATION

Date of Birth:

Place of Birth:

Genotype: Blood Group:

Country of Citizenship:

Gender: ☐ Male ☐ Female ☐ Other *(specific).*

State of Origin:

Local Govt. Area:

Marital Status: ☐ Single ☐ Married ☐ Other *(specific)*

Official Language: Native Language:

Disabilities if any *(Specify)*

ADDRESS INFORMATION

Permanent/Home Address:
Mus be physical address: post office boxes not acceptable

House Number | Street

City | State or Province

Postal/Zip Code | Country

Mailing Address
If Different From Permanent Address

House Number | Street

City | State or Province

Postal/Zip Code | Country

ENROLLMENT PLANS

I am applying as a candidate for a ☐ Bachelor of Art (B.A.) ☐ Bachelor of Science (B.Sc.) ☐ Bachelor of Engineering (B/Eng.) ☐ Bachelor of Education (B.Ed)

Degree in:

Faculty:

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