



# Bezalee Educational Consults

Nigeria's Top Notch Consulting Firm

Ikeja Office : 68, Allen Avenue, Ikeja, Lagos,  
Akure Office: 21, Oyemekun Road, Akure, Ondo State  
+ (234) 803-886-4568, + (234) 809-676-3461

PLEASE FILL THIS FORM WITH ADOBE ACROBAT ONLY

## Study Abroad Form

### APPLICATION FORM TO STUDY ABROAD

This form should be completed and returned with certified copies of certificates, diplomas and other documents in support of qualification claimed by the applicant.

DATE OF REGISTRATION

TITLE:

### PERSONAL INFORMATION

First Name :

Middle Name :

Last Name :

Maiden Name, if applicable:

If married, Spouse's full name:

Date of Birth :

Gender :

Male

Female

Place Of Birth :

Nationality :

State of Origin :

Local Govt:

Marital Status :

Phone :

Email :

Home Address :

City :

State :

Do you have dependents?:

How many ?

| Name of Dependents | Phone No | Email Address | Full Address of Dependents |
|--------------------|----------|---------------|----------------------------|
|                    |          |               |                            |
|                    |          |               |                            |
|                    |          |               |                            |
|                    |          |               |                            |
|                    |          |               |                            |

Father's Name:

Father's Address:

Father's Email:  Father's Phone No:

Mother's Name:

Mother's Address:

Mother's Email:  Mother's Phone No:

Name of Next of Kin:

Address of Next of Kin:

Next of Kin's Email:  Next of Kin's Phone No:

## EDUCATIONAL BACKGROUND

List all Schools and Institution attended in the past or attending currently.

| Name of School/Institution | City & State         | Year Started         | Year Graduated       | Degree/Certificate Obtained |
|----------------------------|----------------------|----------------------|----------------------|-----------------------------|
| <input type="text"/>       | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>        |
| <input type="text"/>       | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>        |
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| <input type="text"/>       | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>        |

## EMPLOYMENT HISTORY

List of employments in the past five (5) years starting with current employment.

Are you currently employed?  Yes  No      Type of Employment:

Employer's Name:

Employer's Address:

Employer's Email:       Employer's Phone No:

Job Title:       Monthly Income:

Briefly describe your duties:

(Answer this only if unemployed).

Were you previously employed?  Yes  No      Type of Employment:

Name of Previous Employer:

Address of Previous Employer:

Previous Employer's Email:       Phone No:

Job Title:       Monthly Income:

Briefly describe your duties:

How long have you unemployed?:

Net worth:

## VISA(S)/TRAVEL INFORMATION

Do you have or hold any other Nationality other than previously mentioned?  Yes  No

If yes, state the country you have Nationality with:  If more, how many more:

Home Address of Country indicated above:

City :

State :

Email:

Phone No:

Passport/Travel Document Number:

Issuing Country:

City & State:

Iss. Date:

Exp. Date:

Have you ever LOST A PASSPORT or had one STOLEN?

Yes  No

Have you ever been granted a Visa?

Yes  No

If Yes, what Country?  Purpose:

Have you ever been denied a Visa?  Yes  No

If Yes, what Country?

Reason for denial:

What Country(ies) have you been to?

Intended Travel Destination:

Reason for Travel:

Intended Date of Travel:

Budget/Available funds for Travel:

Do you have a friend/relative at your intended country of travel or you would require accommodation?

I have someone over there

I would require accommodation

Answer if 'A' (I have someone over there)

Contact's Full Name:

Contact's Address:

Contact's Email:

Contact's Phone No:

Relationship:

Do you have his/her permission?  Yes  No

## PROGRAMME INFORMATION

Programme to which admission is sought?

Course of Choice 1/Department/Faculty

Course of Choice 2/Department/Faculty

Course of Choice 3/Department/Faculty

Mode of Study :  Full-Time  Part Time

Do we choose a University for you?  Yes  No

If no, University of Choice 1

University of Choice 2

University of Choice 3

Do we choose a Country for you?  Yes  No If no, Country of Choice 1:

Country of Choice 2:  Country of Choice 3:

## SPONSORS INFORMATION

Kind of Sponsor:

Full Name of Sponsor:

Gender:

Nationality:

State of Origin:

Religion:

Mailing Address:

Residential Address:

Phone Number:  Alternative Phone Number:

Email Address:

**(Please note that your sponsor should write a consent letter indicating agreement to sponsor you and also act as your guarantor and submit along with this form)**

## REFEREE'S INFORMATION

Name three persons to whom reference may made(at least one of these should be on of your teachers at Secondary/ University level:

Referee 1 - Full Name:

Residential Address:

Position/Rank  Phone Number:

Referee 2 - Full Name:

Residential Address:

Position/Rank  Phone Number:

Referee 3 - Full Name:

Residential Address:

Position/Rank  Phone Number:

Download the referees form on the website and kindly ask them to fill and send to us as appropriate. If they face any difficulty in filling the forms, kindly notify us on [info@bezalee.org](mailto:info@bezalee.org) for proper assistance

*Please make sure to return this document with scanned copies of the original of your documents. It should include originals of your school certificates as well as travel information.*

## AKNOWLEDGEMENT

I

solely acknowledge that i am the owner of the information given above and it is very much verifiable and true to my knowledge and can as well be used in the processing of my admission status.

Referral Code:

**Signature**

(Please sign directly inside the box)

**Date:**



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