

Preliminary Application (Expression of Interest) – Faculty of Nursing

Course Name	Course Applied (X)
Diploma in Nursing – (3 Years) Full Time	
B.Sc. (Hons) in Nursing - (4 Years)	
B.Sc. (Hons) in Nursing (Post Registration) (2 Years) Part Time	
Master in Nursing (Education) (2 Years) Part Time	
Master in Nursing (Public Health) (2 Years) Part Time	
Master in Nursing (2 Years) Part Time	
Master in Nursing (Midwifery) (2 Years) Part Time	
PhD – Nursing – (Research \Course Work) (3- 5 Years) Part Time	

1. Personal Details

Name with Initials (Block capitals)	
Name with Initials (Block capitals)	

Gender (Mark with X)	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth <input style="width: 100%;" type="text"/>
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Permanent Address (Block capitals)	
Permanent Address (Block capitals)	

Contact Numbers	
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E- Mail address	
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NIC No	
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2. Details of Qualifications

Academic \Education	
Course Name	
Academic Year	Status (Pass/Repeat /Pending results)
A/L (Local \London)	
Diploma (National \Advanced)	
Degree (Masters\PGD)	

I hereby certify that the above information are true and accurate to the best of my knowledge.

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 Signature

.....
 Date

Please note that eligible applicant will have to comply with the university senate eligibility through a detail application form.