



NIGERIAN METEOROLOGICAL AGENCY
REGIONAL TRAINING CENTRE
OSHODI, LAGOS.

STUDENT APPLICATION FORM

PERSONAL INFORMATION

INSTRUCTION: PLEASE, IT IS MANDATORY TO FILL IN SPACES WITH *

STUDENT NAME	
*FIRST NAME:	
MIDDLE NAME:	
*LAST NAME:	
*GENDER:	
*EMAIL:	
*PHONE NO.:	
*MARITAL STATUS:	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> OTHERS, PLEASE SPECIFY: _____
MAILING ADDRESS	
*HOUSE & STREET NO:	
*CITY:	
*STATE/PROVINCE:	
REGION:	
*COUNTRY:	
POSTAL CODE:	
BIRTH INFORMATION	
*DATE OF BIRTH:	
*CITY OF BIRTH:	
*COUNTRY OF BIRTH:	



APPLICATION INFORMATION

CURRENT APPLICATION OPTIONS		
*YEAR OF APPLICATION:		
*MAJOR AREA OF STUDY:	<input type="checkbox"/> REGULAR	<input type="checkbox"/> BIP MT <input type="checkbox"/> PUPIL METEOROLOGIST <input type="checkbox"/> MET. FORECASTING COURSE
	<input type="checkbox"/> SPECIALIZED	<input type="checkbox"/> AGRIC. MET <input type="checkbox"/> CLIMATOLOGY <input type="checkbox"/> DATA MANAGEMENT <input type="checkbox"/> MET INSTRUMENTATION <input type="checkbox"/> AEROMET <input type="checkbox"/> PUBLIC WEATHER PRESENTERS COURSE
	<input type="checkbox"/> OTHERS	PLEASE SPECIFY: _____
PAST APPLICATION & ENROLLMENT HISTORY		
*HAVE YOU APPLIED TO RTC-OSHODI IN THE PAST?	YES <input type="checkbox"/> NO <input type="checkbox"/>	WHEN? _____
*HAVE YOU EVER BEEN ADMITTED TO RTC-OSHODI?	YES <input type="checkbox"/> NO <input type="checkbox"/>	WHEN? _____
*HAVE YOU EVER BEEN ENROLLED IN CLASSES AT RTC-OSHODI?	YES <input type="checkbox"/> NO <input type="checkbox"/>	WHEN? _____
*ARE YOU CURRENTLY ENROLLED IN ANY ACADEMIC INSTITUTION?	YES <input type="checkbox"/> NO <input type="checkbox"/>	PLEASE SPECIFY: _____



*HAVE YOU EVER BEEN EXPELLED FROM ANY ACADEMIC INSTITUTION?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, PLEASE SPECIFY...	
*HAVE YOU EVER BEEN DIAGNOSED WITH A SERIOUS MEDICAL OR PSYCHOLOGICAL CONDITION?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, PLEASE SPECIFY...	
*DO YOU HAVE ANY SPECIAL NEED FOR DUE CONSIDERATION?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, PLEASE SPECIFY...	LEARNING <input type="checkbox"/> VISUAL <input type="checkbox"/> HEARING <input type="checkbox"/> MOBILITY <input type="checkbox"/> MEDICAL <input type="checkbox"/> OTHERS _____
<p><input type="checkbox"/> BY COMPLETING THIS APPLICATION FORM AND WHEN ADMITTED, THEREBY BECOMING A STUDENT AT RTC-OSHODI, I UNDERSTAND THAT MY IMAGE CAPTURED DURING THE ADMISSION PROCESS MAY BE USED IN RTC-OSHODI ADMINISTRATIVE PROCESS WITHOUT MY BEING NOTIFIED.</p>			

SIGNATURE:

DATE:.....

NOTE: YOUR INFORMATION WILL BE HANDLED CONFIDENTIALLY

HOW TO APPLY:

1. PRINT OUT THE APPLICATION FORM
2. FILL WITH INK
3. SCAN AND SEND THE FILLED APPLICATION, CERTIFICATE(S) AND OTHER SUPPORTING/NECESSARY DOCUMENTS TO rmtc@nimet.gov.ng USING THE SUBJECT "APPLICATION FORM"

TO HELP BETTER SERVE YOU, WE NEED TO KNOW HOW YOU HEARD ABOUT US.
PLEASE CHECK ALL THAT APPLY:

<input type="checkbox"/> WEBSITE	<input type="checkbox"/> BROCHURE/FLYER	<input type="checkbox"/> NEWSPAPER	<input type="checkbox"/> FRIEND/FAMILY
<input type="checkbox"/> EMAIL/LETTER	<input type="checkbox"/> SOCIAL MEDIA	<input type="checkbox"/> SOCIAL MEDIA	<input type="checkbox"/> RADIO/TELEVISION