



MULTINATIONAL
EDUCATIONAL
CONSULTING

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Plot 925, 13th Cavera Road, Along 1st Avenue – 6th Avenue Road,

Beside MRS Filling Station, Festac Town, Lagos

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Affix
PASSPORT

Application Form

NAME: _____
(Surname) (Other names)

RESIDENTIAL ADDRESS: _____

PHONE NUMBER: _____ SEX: _____ DATE OF BIRTH _____

MARITAL STATUS: _____ EMAIL: _____

SUBJECTS:

- | | |
|---------------------|----------|
| 1. English language | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Name of Parent / Guardian / Sponsor: _____

Address: _____

Occupation: _____ Mobile No: _____

INTENDED PROGRAMME (Please tick as applicable)

- PRIVATE COACHING ADULT EDUCATION
- TUTORIAL CLASSES (JSS – SS3) GCE / WAEC/ NECO / JAMB CLASSES
- COMMON ENTRANCE CLASSES CAMBRIDGE (O & A LEVELS) CLASSES

STUDENT'S DECLARATION

I, _____ hereby declares that the information provided above is correct and should be used to determine my eligibility.

Date: _____

Signature: _____

We are your direct pathway to quality education