



# GLOBAL CHRISTIAN UNIVERSITY

IN AFFILIATE WITH PEOPLE'S INTERNATIONAL UNIVERSITY GERMANY, EUROPE  
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IBADAN TEACHING CENTRE  
OASIS INT'L SCHOOL  
LIBERTY ACADEMY, IDI IROKO ROAD  
ODO ONA ELEWE IBADAN

## **HONORARY DOCTORATE/ HONORARY PROFESSORSHIP AWARD** **FORM**

This form is to be completed and returned  
To the Registrar, Global Christian University

**PLEASE USE CAPITAL LETTER TO COMPLETE THE FORM**

### **SECTION A**

1. FULL NAME (IN BLOCK LETTERS)

Dr/Pastor/Evang./Mr/Mrs/Miss

SURNAME

FIRST NAME

MIDDLE NAME

2. POSTAL ADDRESS

3. PERMANENT ADDRESS:

(Pease notify any change of address)

4. SEX:

5. PHONE:

5. NATIONALITY:

(A) STATE OF ORIGIN:

(B) LOCAL GOVERNMENT AREA:

6. OCCUPATION:

7. OFFICE ADDRESS:

8. MARITAL STATUS:

9. NEXT OF KIN:

RELATIONSHIP

10. ADDRESS:

11. EDUCATIONAL QUALIFICATION

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12. PROFESSIONAL QUALIFICATIONS

13. Area of specialization

14. Do you have any issues with any security agent?

Please note that you will return this form with a reference from a reputable officer from either your ministry, business or organization.

DECLARATION

..... hereby declare that the entire information given in this is correct. Any false information will automatically disqualify me from being considered for award. I shall as final, the decision of the institute with regards to the award.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature