

**AFRICAN REGIONAL CENTRE FOR SPACE SCIENCE AND TECHNOLOGY EDUCATION IN
ENGLISH (ARCSSTE-E)
(Affiliated to the United Nations)**



APPLICATION FORM FOR POST GRADUATE COURSE IN

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**VENUE: OBAFEMI AWOLOWO UNIVERSITY CAMPUS,
ILE-IFE**

1. Name: Mr. Mrs/Ms/Dr _____
First Middle Last

2. Date of Birth: _____ 3. Place of Birth _____

4. Sex (Male/Female): _____ 5. Nationality: _____

6. Contact information: Complete Mailing Address (Valid until what date)12arcs

Telephone: (Give complete phone No. codes) Home: _____ Office: _____

Fax: _____ E-mail: _____

7. Permanent contact address (if different from above)

Telephone: _____ Fax: _____ E-mail: _____

NB: Completed forms including credentials should be forwarded to **pgd@arcsstee.org.ng**

8. ACADEMIC QUALIFICATIONS

| Degree/Diploma | Duration of course | University education | Year | Grade/Class |
|----------------|--------------------|----------------------|------|-------------|
| | | | | |

- (Enclose copies of marks/grades obtained, transcripts, certificates, etc.)

Discipline: _____ Area of Specialization: _____

Proficiency in English: _____
(Attested letters of proficiency in English by Accredited Senior Lecturers in Recognized Universities should be attached.)

9. DETAILS OF EXPERIENCE IN THE LAST FIVE YEARS

Present Position: _____ Present Responsibilities: _____

Organization: _____

(Complete Address): _____

Date of joining this organization: _____

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Past Experience:

| Name of Organization | Post(s) held | Nature of work done | Duration |
|----------------------|--------------|---------------------|----------|
| | | | |

10. How do you propose to meet the international travel and stay expenses in Nigeria? _____

11. Please attach a One-Page Proposal of Intended Area of Research Interest

12. How do you foresee the PG Diploma Course in your area of interest/choice will help you? _____

13. DECLARATION BY CANDIDATE

I have read the announcement brochure and will abide by the rules and regulations of the Centre. I have made travel/ am making/have not made travel arrangements for attending the course and local expenses for the period in Nigeria.

Date: _____

Place: _____

Signature of Candidate

NB: Completed forms including credentials should be forwarded to **pgd@arcsstee.org.ng**

Important: Applicant should attach copies of certificates of

- (a) Medical fitness to attend the course
- (b) Highest degree obtained
- (c) Proficiency in English

14. SPONSORING/NOMINATING AGENCY CERTIFICATION

Mr./Mrs./Ms/Dr _____ is sponsored by _____

_____ to attend the PG Course in _____

We envisage utilizing his/her experience in specific tasks of our organization/agency. The candidate Will be allowed to carry out the project work for a period of one year in his/her country and will be Provided with all the facilities required for the same

- (a) He/She will be/will not be provided international travel support
- (b) He/She will/Will not be provided financial assistance for the period of stay in Nigeria

Date: _____

Place: _____

Signature and seal of the
Nominator/ Sponsor

15. FORWARDING NOTE BY THE RESPECTIVE COUNTRY'S EMBASSY IN NIGERIA

This is to forward the application of MR. Mrs./Ms/Dr _____ of _____
(Country Name)

for the 9 months Post Graduate Course in _____ at ARCSSTE-E

Date: _____

Place: _____

Signature and Seal of the
Embassy/High Commission/
Sponsoring Agency/
Organization/Self

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