

BABCOCK UNIVERSITY
HUMAN RESOURCES DEPARTMENT
CERTIFICATE VERIFICATION EXERCISE
MARCH 26-30, 2012

Department: _____ School/College: _____ Division: _____

SURNAME: _____ First Name: _____ Middle Name: _____
(In Caps)

Cell Phone Nos: _____ E-mail Address: _____

Date of Birth: _____ LGA: _____ State: _____

Citizenship: _____ Married/Single: _____ No. of Children: _____

Next-of-Kin: _____ Relationship: _____

EDUCATIONAL RECORD

(a) Primary Education	Yr of Certificate	Institution's Full Name & Address

(b) Secondary Education	Yr of Certificate	Institution's Full Name & Address

(c) Tertiary Education			
	Class of Degree	Yr of Certificate	Institution's Full Name & Address
i. First Degree	BA, BSc, Other _____		
ii. Masters Degree	MA, MSc, Other _____		
iii. Doctoral Degree	PhD, EdD, DMin, Other _____		

Dissertation Topic: _____

Date You Began Regular Work at BU: _____ Status *(Regular/Contract)* _____

Rank: _____ Position: _____ Signature : _____ Date: _____