



THE SWORD OF EXCELLENCE DRAMA-FILM UNIVERSITY, IBADAN

P.O.BOX 35499

Email: thesedmi@gmail.com, **Website:** www.thesedu.org.ng

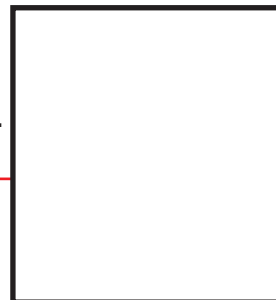
Tel: +2348069817814

Motto: Professionalism plus Anointing equals to Excellence

STUDENT APPLICATION FORM

Basic And Advanced Certificate Courses In Christian Media Arts (Drama-Film Production)

APPLICANT'S BIO DATA



Complete form should be email to thesedmi@gmail.com or printed come along with it to the training venue.

FILL IN BLOCK LETTERS

PERSONAL INFORMATION

NAME: _____
First name Middle name Surname

DATE OF BIRTH: _____ **TRIBE:** _____ **GENDER:** Male Female
(dd/mm/yy)

STATE OF ORIGIN: _____ **NATIONALITY:** _____ **TELEPHONE:** _____

MARTIAL STATUS: _____ **L.G/COUNTY/STATE:** _____

EMAIL: _____

RESIDENCE ADDRESS: _____

SPIRITUAL INFORMATION

SPIRITUAL DATE OF BIRTH: _____ **RELIGION:** _____
(dd/mm/yy)

DENOMINATION: _____

CHURCH ADDRESS: _____

HAVE YOU BEEN BAPTIZED IN THE HOLY GHOST WITH THE EVIDENCE OF SPEAKING IN TONGUES? Yes No

ACADEMICS/PROFESSION

ACADEMIC LEVEL: Primary Secondary Tertiary Institution

COURSE OF STUDY (for tertiary): _____

NAME OF INSTITUTION: _____

PROFESSION: _____

WORK ADDRESS: _____

SPONSORSHIP

TYPE OF SPONSOR: Self Scholarship Parent/Guardians Spouse Church/Ministry

NEXT OF KIN DETAILS

NAME: _____
First name Middle name Surname

DATE OF BIRTH: _____ **TRIBE:** _____ **GENDER:** Male Female
(dd/mm/yy)

STATE OF ORIGIN: _____ **NATIONALITY:** _____ **TELEPHONE:** _____

RELATIONSHIP: _____ **L.G/COUNTY/STATE:** _____

EMAIL: _____

RESIDENCE ADDRESS: _____

REFEREE DETAILS:

(Your Referee must have adequate knowledge about your personal, spiritual and academic records.)

REFEREE 1

NAME (Title): _____
First name Middle name Surname

DATE OF BIRTH: _____ **TRIBE:** _____ **GENDER:** Male Female

STATE OF ORIGIN: _____ **NATIONALITY:** _____ **TELEPHONE:** _____

MARTIAL STATUS: _____ **L.G/COUNTY/STATE:** _____

EMAIL: _____

RESIDENCE ADDRESS: _____

NAME OF MINISTRY/CHURCH: _____

ADDRESS OF MINISTRY/CHURCH: _____

REFEREE 2

NAME (Title): _____
First name Middle name Surname

DATE OF BIRTH: _____ **TRIBE:** _____ **GENDER:** Male Female

STATE OF ORIGIN: _____ **NATIONALITY:** _____ **TELEPHONE:** _____

MARTIAL STATUS: _____ **L.G/COUNTY/STATE:** _____

EMAIL: _____

RESIDENCE ADDRESS: _____

NAME OF MINISTRY/CHURCH: _____

ADDRESS OF MINISTRY/CHURCH: _____

FURTHER DETAILS:

(Kindly answer the following questions)

DO YOU BELONG TO ANY MINISTRY/GROUP APART FORM YOUR CHURCH? **Yes** **No**

(If yes, write the name and address)

WHEN LAST DID YOU ATTEND THE ABOVE MENTIONED MINISTRY/GROUP MEETING? _____

WHAT POST DO YOU HOLD IN THE ABOVE MINISTRY/GROUP? _____

HAVE YOU ACTED ON STAGE/FILM BEFORE? **Yes** **No**

HAVE YOU WATCH ANY STAGE DRAMA BEFORE? **Yes** **No**

WHAT ARE YOUR EXPECTATION FROM THIS TRAINING?

Applicant's Signature and Date

FOR OFFICIAL USE

ADMISSION STATUS: ADMITTED NOT ADMITTED

Registrar's Signature and Date

Chancellor's Signature and Date