



BENUE STATE UNIVERSITY MAKURDI
DIRECTORATE OF ICT
COURSE APPLICATION FORM

A. PERSONAL DETAILS

Name			
Address			
Phone Number			
Email			
Staff/student/Other(Please Specify) Indicate with P/Jp/PG/Matric No.(If any)			

B. NEXT OF KIN/GUARDIAN DETAILS

Name of Next Kin/ Guardian			
Phone Number			

C. COURSE YOU ARE APPLYING FOR

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D. SIGNAGES

Sign			
Date			
Received by		Sign & Date	

Application Amount =N500

E. PAYMENT INSTRUCTIONS:

<p>1. Pay into: Stanbic IBTC Bank</p> <p>Account Number: 0013414019</p> <p>Account Name: BSU, Microsoft IT Academy.</p>	<p>2. Return two(2) photo copies of payment teller to:</p> <p>Training Unit Directorate of ICT Benue State University icttraining@bsum.edu.ng 08053705844 08188328264.</p>
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