



BENUE STATE UNIVERSITY

MAKURDI, NIGERIA

CENTRE FOR COUNSELLING AND HUMAN DEVELOPMENT

CLIENT'S BIODATA FORM

Kindly provide the following information

NAME OF CLIENT: _____
Surname *Other Names*

DATE OF BIRTH: _____ SEX: _____

NATIONALITY: _____ STATE OF ORIGIN: _____ LOCAL GOVT. AREA: _____

FACULTY: _____ DEPARTMENT: _____

COURSE OF STUDY: _____

MATRIC. No: _____ LEVEL: _____

CONTACT ADDRESS: _____

PHONE NO: _____ E-MAIL ADDRESS: _____

ENTRY QUALIFICATION: _____

MARITAL STATUS: _____

NAME OF SPOUSE (IF MARRIED): _____

RELIGION: _____

NAME AND ADDRESS OF GUARDIAN: _____

FAMILY STATUS: Intact () _____ Divorced () _____ Separated () _____

POSITION AMONG FATHER'S SIBLINGS: _____

POSITION AMONG MOTHER'S SIBLINGS: _____

OCCUPATION OF FATHER: _____

OCCUPATION OF MOTHER: _____

NAME AND ADDRESS OF NEXT OF KIN: _____

SOURCES OF REFERABLE: _____

SPONSORSHIP: NAME AND ADDRESS: _____

MODE OF ADMISSION: REMEDIAL/ JAM/ DIRECT ENTRY

Note: Applicants are to download, fill and then wait to include their matriculation number in the space provided for it above when they have received their matriculation numbers and then submit this form at the Centre in person.