



COUNCIL FOR LEGAL EDUCATION

APPLICATION FORM: DESIGNATION OF LLB QUALIFICATION(S)

(THIS FORM SHOULD BE COMPLETED IN BLOCK LETTERS AND ALL QUESTIONS ARE TO ANSWERED IN FULL.)

INCORRECT OR INCOMPLETE ANSWERS MAY RENDER AN APPLICANT TO BE DISQUALIFIED.

YOU SHOULD ATTACH COPIES OF YOUR ACADEMIC CERTIFICATES AND TRANSCRIPTS OF RESULTS, A PASSPORT SIZE PHOTO, COPY OF THE BIRTH CERTIFICATE. THIS APPLICATION SHOULD ALSO BE ACCOMPANIED BY A NON REFUNDABLE FEE OF USD THIRTY DOLLARS (\$30).

PERSONAL INFORMATION

1. SURNAME:DR/MR/MRS/MISS /MS

2. FORENAMES:

3. NATIONALITY:

4. RESIDENCE STATUS:

5. DATE OF BIRTH:

6. PERMANENT RESIDENTIAL ADDRESS:

.....

.....

TELEPHONE/CELL NUMBERS:

EMAIL ADDRESS:.....

7. POSTAL ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS):

.....

.....

EDUCATIONAL QUALIFICATIONS

8. EDUCATIONAL QUALIFICATIONS: (ATTACH CERTIFIED COPIES)

DEGREE	YEAR	UNIVERSITY
a).....
b).....
c).....

9. LIST OF EXEMPTIONS BEING SOUGHT (IF ANY) (CLE RESERVES THE RIGHT TO GRANT EXEMPTIONS):

- a).....
- b).....
- c).....

10. **DECLARATION:**

I DECLARE THAT THE INFORMATION PROVIDED ON THIS FORM IS TO THE BEST OF MY KNOWLEDGE AND BELIEF ACCURATE AND REFLECTS MY TRUE RECORDS. (AN APPLICANT WHO MAKE FALSE DECLARATION OR WITHHOLDS RELEVANT INFORMATION MAY RISK HIS OR HER APPLICATION BEING REFUSED BY THE COUNCIL)

DATE:..... SIGNATURE:.....

OFFICIAL USE

DATE OF RECEIPT:

NAME OF APPLICANT:

CANDIDATE NO:

APPLICATION PLACED BEFORE COUNCIL ON:

APPLICATION ACCEPTED/REJECTED:.....

REMARKS:

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