



## LAGOS STATE COOPERATIVE COLLEGE

JOHNSON AGIRI COMPLEX, OLD ABEOKUTA ROAD, OKO-OBA GRA  
AGEGE, LAGOS STATE.

TELEPHONE: 08091986465, 08029402395, 08023265574

<https://lascoco.lagosstate.gov.ng/>

Photograph

### APPLICATION FORM

#### FOR 2026 PROFESSIONAL CERTIFICATE PROGRAMME

COURSES (Please Tick the appropriate box)

1. *Data Analytics*
2. *Community Development*
3. *Entrepreneurship Development*

☐  
☐  
☐

#### APPLICANT'S DETAILS:

SURNAME .....

OTHER NAMES: .....

MAILING ADDRESS: .....

PERMANENT HOME ADDRESS: .....

STATE OF ORIGIN: ..... LOCAL GOVT COUNCIL: .....

DATE OF BIRTH: ..... PLACE OF BIRTH: .....

GENDER: ..... MARITAL STATUS: .....

NATIONALITY: ..... MOBILE NO: .....

E-MAIL: .....

#### 2. OTHER PERSONAL DETAILS:

##### NAME AND ADDRESS OF NEXT OF KIN

NAME: .....

ADDRESS: .....

RELATIONSHIP TO APPLICANT: .....

MOBILE NO: .....

### 3. EDUCATION

#### **SCHOOLS ATTENDED WITH DATES**

NAME AND LOCATION OF SCHOOL(S) ATTENDED	QUALIFICATION(S)	FROM	TO



4. I hereby certify that all the information provided in this form are true and correct:

*Signature & Date:* .....

#### **Note:**

- (i) Incomplete Application form shall not be attended to.*
- (ii) The submission of the Application form in no way confirm admission to and by the College.*
- (iii) The form should be submitted along with evidence of payment of the application fee.*