



JJK
International
Agribusiness &
Higher Education
Ministry

USA/Canada/Asia
International Christian
Education
www.justedu.org
- (888)-342- 4448
- (929)-800-2946

Angola-Africa
NIF 500097845
Bairro da seta-Benguela
Africajjk@gmail.com
www.jjkangola.homestead.com

JUST JESUS KING INTERNATIONAL HIGHER INSTITUTE

PROSPECTIVE INTERNATIONAL STUDENTS FORM

(Please complete in BLOCK LETTERS and tick where necessary. *Very Important)

Affix passport
photograph here

Personal Data

Title: _____

*Surname: _____

*First Name: _____

* Middle Name: _____

*Date of Birth: _____ (dd/mm/yyyy)

Place of Birth: _____

Gender: Male ☐ Female ☐

Marital Status: Single ☐ Married ☐ Others: _____

If married, number of dependents: _____

*E-mail address: _____

Alternative E-mail: _____

*Telephone number: _____



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*Mobile Number: _____

Occupation: _____

Nationality: _____

Region/State/L.G.A: _____

Country of Residence: _____

Residential Address

House/plot number: _____

Street Name: _____

City/Town: _____

State/Region: _____

***Academic Information**

1. Institutions Attended with Date

S/N	NAME OF INSTITUTION	CERTIFICATE OBTAINED	DATE
1			
2			
3			
4			
5			
6			
7			



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2. O'level or High School Result

i. Examination of Body: _____ Year _____

S/N	SUBJECT	GRADE (A,B,C,D,E,F)
1	ENGLISH LANGUAGE	
2	MATHEMATICS	
3		
4		
5		
6		
7		
8		
9		
10		
11		

ii. Examination of Body: _____ Year _____

S/N	SUBJECT	GRADE (A,B,C,D,E,F)
1	ENGLISH LANGUAGE	
2	MATHEMATICS	
3		
4		
5		
6		
7		
8		
9		
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3. Intending study level

Tick as appropriate

- | | |
|--|--|
| <input type="checkbox"/> High (Secondary) School | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> PhD |

3. Choice(s) of Course of Study (Applicable to post-secondary school level)

1. _____
2. _____

Preferred Country of Study

(Please Tick box as appropriate)

- ☐ U.S
- ☐ Canada
- ☐ Paraguay

*Means of Identification

International passport details

Identification Number: _____ Issued Date: _____ (dd/mm/yyyy)

Expiry Date: _____ (dd/mm/yyyy)

Do you have residency or citizenship of any other country? Yes ☐ No ☐

If yes, which country? _____

Social Security Number: _____



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Medical Information

Blood group: _____

Genotype: _____

State if any form of physical challenge or health issues

*Next of kin

Name: _____

Phone number(s): _____

Contact address: _____

E-mail address: _____

*Sponsor's Information

(If not self-sponsored)

Name: _____

Contact Address: _____



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Telephone number: _____

E-mail address: _____

Occupation: _____

***Means of Identification:** _____

Identification Number: _____

Issued Date: _____ (dd/mm/yyyy)

Expiry Date : _____ (dd/mm/yyyy)

I _____ hereby attest that the
above information is true and correct.

Signature: _____ Date: _____ (dd/mm/yyyy)

International Education



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Official use only

Verified by (Full name): _____

Signature: _____ Date: _____ (dd/mm/yyyy)

Note:

1. Complete the form with accurate and up-to-date information.
2. Attach photocopies all other supporting document such as C.V, O'level, degree certificate, international passport data page etc.
3. Be notified that you would not be eligible for scholarships while you not on the American soil.
4. In lieu of no.3 above, you must be financially prepared to support yourself in every ramification at least for the first year of study abroad.
5. Kindly printout these documents, fill it up appropriately, scan and e-mail back to us.
6. Attach all supporting documents for verifying change of name.
7. You can also visit the above websites and e-mail for further or additional information