



# REGISTRATION FORM

Salem University Lokoja-Nigeria  
[www.salemuniversity.edu.ng](http://www.salemuniversity.edu.ng)

Alternative Dispute Resolution (ADR) Studies Programme

Attach Photograph

Fill in Capital Letters

Full Name: \_\_\_\_\_

*Surname*

*Middle Name*

*First Name*

Date of Birth: \_\_\_\_\_ Sex (Male or Female) : \_\_\_\_\_ Tel No.: \_\_\_\_\_

Postal Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Email: \_\_\_\_\_

Nationality: \_\_\_\_\_

Chosen Course: (Tick as appropriate)

- Certificate in Alternative Dispute Resolution (Cert. ADR) [Weekend Classes / Online]
- Diploma in Alternative Dispute Resolution (Dip. ADR) [Research Only]

AMOUNT OF TUITION FEE PAID / ATTACHED CERTIFIED CHEQUE N \_\_\_\_\_

Preferred Date of Commencement: (Tick as appropriate)

Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec Year: 20 \_\_\_\_\_

\_\_\_\_\_  
**Student Signature & Date**