



2nd National Essay Competition Tertiary Level Institution's Entry Form



All fields must be filled in

NAME OF STUDENT: _____
ADDRESS: _____
PROGRAMME OF STUDY: _____
PERIOD OF ENROLLMENT: _____ QUESTION SELECTED: _____
TELEPHONE (H): _____ MOBILE: _____
EMAIL: _____ SIGNATURE: _____

TERTIARY LEVEL INSTITUTE'S (TLI) INFORMATION

NAME OF TLI: _____
ADDRESS: _____
TELEPHONE: _____ TLI'S EMAIL: _____
NAME OF PROVOST/ADMINISTRATOR: _____
PROVOST/ADMINISTRATOR'S SIGNATURE: _____

TLI'S STAMP:

FOR OFFICIAL USE ONLY	
ENTRY CODE: <input type="text"/>	QUESTION NO. SELECTED: <input type="text"/>
NAME: <input type="text"/>	SIGNATURE: <input type="text"/>