

**RIVERS STATE COLLEGE OF HEALTH SCIENCE AND TECHNOLOGY,
PORT HARCOURT**

2018/2019 REGISTRATION PROCEDURE/GUIDE FOR FRESH STUDENTS

STEP ONE: CLEARANCE/VERIFICATION OF CREDENTIALS

For Fresh Students, download the following documents to commence your clearance after payment of Acceptance Fee, where your credentials will be verified to ensure they are correct after payment of Acceptance Fee.

The underlisted documents should be presented for the verification.

- i. Acceptance fee receipt (one photocopy)
- ii. Acceptance Form
- iii. Your Entrance Exam Slip
- iv. 2 set of photocopies of SSCE/GCE/NECO results as applicable and the original copy for sighting
- v. Letter of Identification from your Local Government Area duly signed by the Chairman or Secretary
- vi. Birth Certificate or Statutory Declaration of Age (original and 2 photocopies)
- vii. Internet print out of your exam result
- viii. A letter of attestation of good behaviour from one of the following persons:
 - i. Legal practitioner
 - ii. Clergyman
 - iii. Medical practitioner
 - iv. Magistrate
 - v. Senior public servant not below the rank of Level 14

STEP TWO: FEE PAYMENT:

An authority to pay/Clearance Slip and other registration forms shall be issued to you having been cleared:

- (i) Make e-payment of the stipulated College fee and obtain e-receipt at the Eco Bank, within the College premises. The payment must be receipted for in the Bursary department;

STEP THREE: MEDICAL EXAMINATION

- (i) Report at the Medical Laboratory Unit for Medical tests

STEP FOUR: DEPARTMENTAL REGISTRATION

- (i) Report at your Department to confirm the course that you will register.

STEP FIVE: HOSTEL REGISTRATION

- (i) Proceed to the Office of the Director of Students Affairs for hostel registration.
- (ii) Go to ICT to register online using your Entrance examination number and your Pin

STEP SIX: SUBMISSION OF COMPLETED REGISTRATION FORMS

- (i) Ensure that your completed registration forms duly signed by the authorized officers are submitted at the Registry, your School, office of the Students Affairs, Bursary and Security Unit.

PLEASE NOTE: YOUR REGISTRATION IS NOT COMPLETE UNTIL YOUR COMPLETED AND ENDORSED FORMS ARE SUBMITTED AT THE RESPECTIVE DEPARTMENTS.

**SIGNED:
Ag. Deputy Registrar
For: Registrar**

**RIVERS STATE COLLEGE OF HEALTH SCIENCE &
TECHNOLOGY, PORT HARCOURT**

**ACCEPTANCE OF OFFER OF ADMISSION
FOR THE 2018/2019 ACADEMIC SESSION**

I, Mr./Mrs./Miss:.....

Community:.....

L. G. A:

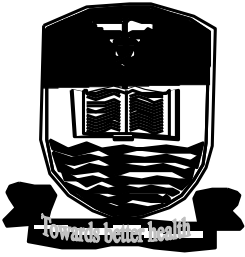
State:.....

hereby accept your offer of provisional admission with clear understanding that this admission shall be cancelled anytime it is discovered that:

- i. The information I gave in connection with my admission is false/incorrect.
- ii. I am a full-time student of another department within the College or a full-time student of another Institution.

Signature of Student:.....date:.....

Contact Address:.....



RIVERS STATE COLLEGE OF HEALTH SCIENCE AND TECHNOLOGY PORT HARCOURT

ANTI-CULTISM DECLARATION FORM (To be completed in triplicate)

A. PERSONAL DATA:

1. NAME OF STUDENT: _____

SURNAME
OTHER NAMES
- (a) Matriculation Number: _____ Sex; _____
2. School of Study: _____
3. Permanent Home Address: _____
Residential Home Address: _____
4. State of Origin: _____ LGA: _____

B. NAME, ADDRESS AND SCHOOL OF THREE OF YOUR CLOSEST FRIEND IN THE COLLEGE.

- (i). Name: _____
Address: _____
School: _____
- (ii) Name: _____
Address: _____
School: _____
- (iii) Name: _____
Address: _____
School: _____

C. Declaration:

I, do hereby denounce cultism and promise not to be a member of any cult. I understand that if found otherwise, I accept to be summary expelled from the College.

Signature

Date



RIVERS STATE COLLEGE OF HEALTH SCIENCE AND TECHNOLOGY
ORO-OWO, RUMUEME, PORT HARCOURT
UNDERTAKEN OF GOOD BEHAVIOR

**PASSPORT
PHOTOGRAPH**

A. PERSONAL DATA:

1. Surname of Student: _____
2. Other Names: _____
3. Sex: _____
4. Date of Birth: _____
5. Marital Status: _____
6. Name of Spouse: _____
7. Matric No: _____
8. Year of Study: _____
9. School/Dept: _____
10. Religion: _____
11. Permanent Home Address: _____
12. Telephone Number: _____

DECLARATION:

I, _____ hereby declare that I shall abide by the Rules and Regulations of this College to ensure the safety, security and well being of other students in the School. I further declare that I shall not be engaged in any form of cult meetings or associations and activities or have any sympathy or contact with extremist organization group(s).

I solemnly also declare and accept that if the information given here is incorrect or has default, in observance of the foregoing provisions, the authorities of the College shall revoke my admission and take any disciplinary and/or legal actions they may deem necessary against me and my parents/guardians or sponsors.

Signature and Date

PARENT(S) DECLARATION

I hereby confirm the above declaration made by my ward to be true and surety to be liable for the violation of any rule and regulation so declared:

- i. NAME: _____
- ii. ADDRESS: _____
- iii. SEX: _____ HOME TOWN: _____
- iv. LGA: _____ SIGNATURE: _____

**PASSPORT
PHOTOGRAPH**

RIVERS STATE COLLEGE OF HEALTH SCIENCE AND TECHNOLOGY,
PORT HARCOURT

CLEARANCE SLIP

This certifies that the student whose name appears below has been cleared and is authorized to pay the approved fees.

Name: _____

Department: _____

Sign: _____

DATE Cleared: _____

(Clearance Officer)

.....

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