



87, Itire Road Beside Wema Surulere Lagos, Nigeria. (234) 806 2439 004 (243) 90 5719 0841
ltbconsults@gmail.com www.ltbconsult.com study@ltbconsult.com

GRE APPLICATION: CANDIDATE DETAILS

COUNTRY: NIGERIA TOWN/CITY: LAGOS

DATE:

Complete the following information.

TITLE:

FIRST (GIVEN) NAME:

LAST NAME (SURNAME):

FIRST LANGUAGE:

COUNTRY OF NATIONALITY:

EMAIL ADDRESS:

MOBILE NUMBER:

PARENT/GUARDIAN NAME:

PARENT/GUARDIAN PHONE NUMBER.....

EMAIL ADDRESS:

DATE OF BIRTH:

IDENTIFICATION DOCUMENT:

IDENTIFICATION DOCUMENT NUMBER:

IDENTIFICATION DOCUMENT EXPIRY DATE:

EDUCATIONAL STATUS:

REASONS FOR TAKING GRE:

HIGHEST LEVEL OF EDUCATION:

YEAR OF GRADUATION:

GRADE:

GENDER:

ADDRESS:

TOWN OR CITY:

STATE:

ZIP/POSTAL CODE:

COUNTRY:

TELEPHONE:

MOBILE:

What is your occupation level?
.....

Why are you taking the test?
.....

Which country are you applying to?



87, Itire Road Beside Wema Surulere Lagos, Nigeria. (234) 806 2439 004 (243) 90 5719 0841
ltbconsults@gmail.com www.ltbconsult.com study@ltbconsult.com

.....
What course do u intend to go and study in the university stated above?
.....

GRE ACCOUNT INFORMATION

USERNAME.....

PASSWORD.....

HINT: PASSWORD MUST CONTAIN THE FOLLOWING

Lowercase letter a-z, uppercase letter A-Z number 0-9, or symbols such as !@#\$%^&*0,8-16 total characters

SECURITY QUESTION.....

SECURITY ANSWER.....

I, certify that the information on this application form is complete, true and accurate.

I understand that the personal data on this application form is collected for the purpose of the GRE test, and I consent for this data to be disclosed to, processed and stored by the ETS test partner for the purpose of such administration.

LTB Edu Consult Ltd regards the lawful and correct treatment of personal information as important to our successful operation and to the maintenance of confidence of those with whom we deal.

SIGNED: _____ DATE: _____

FOR OFFICE USE:

Has test been dully registered? _____

Exam centre visited: _____

Result released date: _____

List of schools result expected to be sent to: _____

Document treated and cleared: _____

Staff Name and Sign: _____