



**LTB CONSULT A LEVEL COLLEGE**  
**87, ITIRE ROAD SURULERE LAGOS**

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**POST UTME APPLICATION FORM**

**PERSONAL DETAILS**

NAME: .....

SURNAME FIRST NAME OTHER  
NAME

CONTACT ADDRESS: .....

PHONE NUMBER(S): .....

PARENT'S / GUARDIAN'S DETAILS:

A. NAME: .....

B. ADDRESS: .....

C. PHONE NUMBER(S): .....

**POST UTME DETAILS**

UTME SCOREs: \_\_\_\_\_

INSTUTUTION: \_\_\_\_\_

SUBJECT COMBINATION: \_\_\_\_\_

ENGLISH LANGUAGE:

MATHEMATICS:

GENERAL PAPERS:

OTHERS: \_\_\_\_\_

**DECLARATION**

I..... HAVE SOLEMLY AGREED TO ABIDE BY THE RULES AND REGULATIONS, AS ESTABLISHED BY THE MANAGEMENT OF LTB A LEVEL COLLEGE. I ALSO AGREE THAT I WILL ALWAYS PAY MY TUITION FEE AS AND WHEN DUE. I AGREE THAT AN ACT OF INDISCIPLINE EXHIBITED BY ME WITHIN THE COLLEGE PREMISES WOULD EARN ME EXPULSION AND FEES PAID FORFEITED.