REQUIREMENTS FOR RESIDENCY

Below is a list of the minimum required items that a student may need during his/her stay in the Halls of residence. This suggested list is highly recommended to ensure that the students enjoy a comfortable and stress-free stay in the Halls of Residence. Please keep in mind that storage space for each student is limited. Students must endeavour to bring only items of necessity to avoid congestion in the room.

<table>
<thead>
<tr>
<th>S/N</th>
<th>ITEM</th>
<th>QUANTITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pillow</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Pillow Cases</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Blanket</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>Bed Sheet 4’x7’</td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>Mosquito Net</td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td>Set of plastic Cutlery</td>
<td>1</td>
</tr>
<tr>
<td>7</td>
<td>Plastic Buckets</td>
<td>2</td>
</tr>
<tr>
<td>8</td>
<td>Padlock</td>
<td>1</td>
</tr>
<tr>
<td>9</td>
<td>Torch Light &amp; Batteries</td>
<td>1</td>
</tr>
<tr>
<td>10</td>
<td>Hangers 1 dozen</td>
<td>12</td>
</tr>
<tr>
<td>11</td>
<td>School Bag</td>
<td>1</td>
</tr>
<tr>
<td>12</td>
<td>Raincoat or Umbrella</td>
<td>1</td>
</tr>
<tr>
<td>13</td>
<td>Toiletries</td>
<td>Varied</td>
</tr>
<tr>
<td>14</td>
<td>Reading Lamp w/ 40W bulb or fluorescent tube</td>
<td>1</td>
</tr>
<tr>
<td>15</td>
<td>Laptop PC</td>
<td>1</td>
</tr>
<tr>
<td>16</td>
<td>Feeding/up keep allowance</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Writing Materials,</td>
<td></td>
</tr>
</tbody>
</table>
## LIST OF PROHIBITED ITEMS IN THE HALLS OF RESIDENCE

<table>
<thead>
<tr>
<th>S/N</th>
<th>ITEMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Indian hemp</td>
</tr>
<tr>
<td>2.</td>
<td>Cigarettes</td>
</tr>
<tr>
<td>3.</td>
<td>Hard drugs such as cocaine, heroin and their illicit drugs</td>
</tr>
<tr>
<td>4.</td>
<td>Alcoholic drinks</td>
</tr>
<tr>
<td>5.</td>
<td>Lethal weapons / injection</td>
</tr>
<tr>
<td>6.</td>
<td>Bottles, knives, fork</td>
</tr>
<tr>
<td>7.</td>
<td>Guns or bullets</td>
</tr>
<tr>
<td>8.</td>
<td>Knock out of any kind</td>
</tr>
<tr>
<td>9.</td>
<td>Kerosene lamp, gas cooker, candles, matches, lighter</td>
</tr>
<tr>
<td>10.</td>
<td>Cooking utensils such as hot plates, rice cookers, toasters, micro waves, electric boiling ring, saucepans, blenders</td>
</tr>
<tr>
<td>11.</td>
<td>Hair dryers, straighteners</td>
</tr>
<tr>
<td>12.</td>
<td>Refrigerators, grillers</td>
</tr>
<tr>
<td>13.</td>
<td>Any items meant for sale or business activities.</td>
</tr>
<tr>
<td>14.</td>
<td>Raw food items</td>
</tr>
<tr>
<td>15.</td>
<td>Jeans, chinos, corduroy, and diabolic materials</td>
</tr>
<tr>
<td>16.</td>
<td>TV sets</td>
</tr>
<tr>
<td>17.</td>
<td>Ungodly musical tapes &amp; CDs</td>
</tr>
<tr>
<td>18.</td>
<td>Video machines, tapes, DVD &amp; VDC players</td>
</tr>
<tr>
<td>19.</td>
<td>TV card, antennas</td>
</tr>
<tr>
<td>20.</td>
<td>SIM card, phones, and other phone accessories</td>
</tr>
<tr>
<td>21.</td>
<td>Computer game (play station)</td>
</tr>
<tr>
<td>22.</td>
<td>Weight or shot put</td>
</tr>
<tr>
<td>23.</td>
<td>Condom and contraceptives</td>
</tr>
<tr>
<td>24.</td>
<td>Other contraband items that may be specified or published from time to time</td>
</tr>
</tbody>
</table>
Matriculation Covenant

I FULLY RECOGNIZE THAT Covenant University is founded on the authority of the Word of God, and anchored on the philosophy, which espouses a radical departure from form to skill, knowledge and empowerment, from idealism to realism and having an avowed objective of promoting mental productivity, developing the Total Man through increased knowledge, creative thinking and leadership skill.

Having this understanding in view, I ________________________________

__________________________

hereby humbly covenant my personal commitment to:

1. Wholeheartedly, subscribe to the mission and vision of Covenant University, which principally seeks to prepare me for a meaningful future?
2. Adhere strictly to the rules and regulations contained in the Student’s Handbook
3. Attend all lectures, sit all required practicals, tests, examinations, and undertake research projects as may be prescribed from time to time.
4. Participate in all university prescribed sporting activities and other community service programme.
5. Be present at every University assembly called to exalt me spiritually, academically and physically.
6. Remain committed to the principles of the Scripture in order to build up my spiritual life.
7. Abide by the rules and regulations that may, from time to time, be adopted by the University Authorities.

It is with an understanding of the above, that I append my signature thus --------------- to this Matriculation Covenant, to authenticate my commitment this ------------- day of ---------- of this year ----

__________________________  __________________________
Signature                            Date

In the presence of:
Name: ___________________________________________ Name: ___________________________________________
Address: _________________________________________ Address: _________________________________________
Occupation: ______________________________________ Occupation: _______________________________________
Parent’s Indemnity Form

I, (We) -------------------------------of
Address:----------------------------------------------------------------------------------

Telephone No: ----------------------------- e-mail: -------------------------------------
Parents/Guardian of (Mr. /Miss) --------------------------------------------------------------
student of the Department of -------------------------------------------------------------------------------------------------the College of-
-------------------------------------------------------------------------------------------------------------------------------------------------hereby undertake to indemnify the
University of all/any liabilities that may be occasioned on the University by my child/ward --------
--------------------------------------------------------------------------------------------------------------------------------------------------
------------------------------------------------------------------------------------------------
in violation of the University Code of Conduct as laid down in the Covenant University Student’s Handbook. And in consequence thereof, any disciplinary measure meted out on our ward as a result of violating the provisions of the Student’s Handbook shall be accepted to us/me. We/I also undertake to discharge any financial obligation in respect of our/my ward to the University as may be requested of me.

Signature ------------------------------- Date: --------------------------------------

Father/Mother/Guardian

In the presence of:

Name: ----------------------------------------------------------------------------------

Signature: --------------------------Occupation: ------------------------------------------

Address:----------------------------------------------------------------------------------

Telephone No: ----------------------------- E-mail:--------------------------------------

Name: ----------------------------------------------------------------------------------

Signature: --------------------------Occupation: ------------------------------------------

Address:----------------------------------------------------------------------------------

Telephone No: ----------------------------- E-mail:--------------------------------------
COVENANT UNIVERSITY
CANAANLAND, KM. 10, IDIROKO ROAD, P.M.B. 1023, OTA, OGUN STATE, NIGERIA.
TEL: 01 – 7747546-8
MEDICAL REGISTRATION FORM
SESSION: __________________________

BIO DATA
1. Name of Student: ___________________________________________________________
   (SURNAME) (FIRST NAME) (OTHER NAMES)
2. Sex: _______________ 3. Age: ____________ 4. Date of Birth:____________________
5. Name of Parents/Guardian: __________________________________________________
   a. Address of Parents/Next of Kin (Not P.O.Box):
      ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   c. Telephone: ____________________________ d. E-mail: ________________________

   If the answer to any of the questions below is yes, please give details.
6. ai. Do you have any health problem(s)? Yes: ___________ / No: ______________ 
   aii. State: ______________________________________________________________________
   bi. Are you on any long term medication? Yes ___________ / No: ______________ 
   bii. If yes, please state the name of the drug(s) and length of usage. ______________________________________________________________________
   ci. Are you allergic to any drugs? Yes ___________ / No: ______________ 
   cii. Are you allergic to any food item? Yes ___________ / No: ______________ 
   ciii. Are you allergic to any other substance? Yes ___________ / No: ______________

PAST MEDICAL HISTORY
7. Any history of Surgical Operation? Yes _______ / No: ______________ 
   b. If yes please, state the condition for which you were admitted. ________________________________

8. Have you been hospitalized in the past one year? Yes _______ / No: ______________ 
   b. If yes please, state the condition for which you were admitted: ________________________________
9. Any past history of:
   a. Asthmatic attacks? Yes ________ / No: ________
   b. Epilepsy? Yes ________ / No ________
   c. Mental Illness? Yes_______ / No ________
   d. Tuberculosis ? Yes ______ / No ________
   e. Drugs addiction? Yes _________ / No ________
   f. Heart disease ? Yes ______ / No ________
   g. Diabetes ? Yes ______ / No ________
   h. High Blood Pressure Yes ______ / No ________

10. FAMILY HISTORY

Any family history of:
   a. Epilepsy                        Yes_________/ No __________
   b. Mental illness     Yes_________/ No __________
   c. Tuberculosis ? Yes ______ / No ________
   d. Drugs addiction? Yes_______ / No ________
   e. Heart disease ? Yes_______ / No ________
   f. Diabetes ? Yes_______ / No ________
   g. High Blood Pressure Yes_______ / No ________
   h. Asthma                          Yes_____/ No __________

11. NAME AND ADDRESS OF PERSONAL/ FAMILY PHYSICIAN

If yes, state:
   a. Name of the Doctor : ______________________________________________________
   b. Address:
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   c. Telephone : ____________________________ d. E-mail ______________________________

12. In case of any medical emergency, give the name and address of person(s) to be contacted:
   a. Name:
   ____________________________________________________________
   b. Address:_____________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   c. Telephone:________________________d. E-mail______________________________
   ____________________________________________________________

_________________________________________ ______________________________
Signature of Student                         Date
TO BE COMPLETED BY THE FAMILY PHYSICIAN

1. How long have you known the student for which medical condition(s) have you attended to the student.

______________________________________________________________________________

2. Do you consider the student fit (physically and mentally fit) to cope with undergraduate programme

______________________________________________________________________________

3. Please give an account of findings of physical examination carried out by you on the student.

______________________________________________________________________________

MEDICAL REGISTRATION FORM

1. GENERAL EXAMINATION:

______________________________________________________________________________

Weight: ________________________ kg
Height: ________________________ (M)
Visual Activity: Left ________________________ Right: ________________________

Without glasses Left ________________________ Right:

______________________________________________________________________________

2. SYSTEMIC EXAMINATION

1. CNS: ________________________
2. R/S: ________________________
3. CVS: ________________________
   a. Pulse Rate: ___________ Beat/ Min   b. B.P ___________ MMHG
   c. Apex Beat: ___________ d. Heart/ sound

______________________________________________________________________________

4. G.I.S.

______________________________________________________________________________

5. M.S.S

______________________________________________________________________________

3. LABORATORY INVESTIGATIONS

1. Urine analysis

11. Blood Analysis:
   a. PCV _______________ b. WBC: _______________ C. Serum TB: _______________
   d. Blood Group: _______________ e. Hb- Genotype:
      ________________________
   f. HbsAg: _______________ g. HIV 1 & 11:

______________________________________________________________________________
4. CHEST X-RAY.

________________________________________________________________________________

(Attach Radiologist Report or come along with X-Ray film)

4. GENERAL COMMENTS:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

__________________________________________
I, ____________________________________________, have examined the above named student and found him/her medically and physically fit / unfit for studies.

__________________________________________                     _______________________
Medical Doctor’s Signature & stamp                     Date.
Preamble: This document when signed by you and accepted by Covenant University (the “University”) upon its making a room allocation shall constitute the agreement between you and the University pertaining to your residency in the University’s Halls of Residence during the 2013/2014 academic session.

The University agrees to provide you the room allocated to you on the terms and conditions outlined in Chapter 4 on Policy on Residency in the University’s Student Handbook.

In addition to, and notwithstanding anything contrary contained in, the Policy on Residency, you agree that the following provisions shall apply to your residency in the University’s Hall of Residence.

**Damage to the University Facilities:** In the event of any damage done to the University’s facility within the Room, Floor, Wing and Hall you are allocated, the University reserves the right to surcharge you fully, severally or jointly for such damages resulting from your collective or individual carelessness, negligence or willful misconduct.

**Loss of Personal Property/University Facilities:** In the event of any loss University Facility within the Room, Floor, Wing and Hall you are allocated, the University reserves the right to surcharge you fully, severally or jointly for such loss resulting from your collective or individual carelessness, negligence or willful theft.

**Keeping of Valuables:** Large sums of money in excess of Two Thousand Five Hundred Naira (N2,500.00) are to be deposited in the Bank. All students are therefore expected to use the various bank facilities around the premises for any form of financial transaction above the sum of Two Thousand Five Hundred Naira (N2,500.00). All other valuables such as Laptops, Desktop Computers, Electronic Gadgets, Jewelries and Trinkets, etc, shall be registered and deposited in safe custody with the Hall Officials. In the event of loss of any such items not registered or kept as required, the University shall not be responsible for indemnifying such students.
**Permit to be in Residence:** The permit to be in the Hall of Residence is non-transferable:

- You are not to harbour another student of the University or any visitor in the Hall, nor sublet all or any part of the residence allocated to you. Your right to occupy a Room/Floor/Wing/Hall is non-transferable or sellable.
- You are not to transfer from one room or Hall to another without due authorization from the Dean, Student Affairs.
- *Note however, that you can be transferred from one room, floor, wing or Hall to another, and/or change your bed at any time within the Session after due authorization from the Dean, Student Affairs.*
- In the event of being transferred to a room different from that originally allocated to you, the terms and conditions of this agreement shall remain in full effect without necessitating the execution of a new agreement.

**Responsibility Clause:** It is mandatory as a responsible student of the University to:

(i) Report any event of damage to property occasioned by regular use by students at any time.
- Report cases of malicious damage of University property
  
  a. *I shall pay to the University, severally or jointly, the cost of any repair or replacement to any property so damaged to my knowledge and for which I did not report.*
  
  b. *I agree to face maximum disciplinary penalty for any such complicity.*

(ii) Watch over property directly in my care or within my surrounding and ensure the responsible use of such property.

**Termination of Residency by the University:** The University may terminate this agreement and your right to residency in the Halls in the event of any material or persistent disregard by you to any of the rules and regulations set forth in the Policy on Residency.

**Modification to Policy on Residency:** The University reserves the right to revise and amend the rules and Regulations set forth in the Students Handbook at anytime during the Academic Session for which this agreement is executed.
Attestation:

I, ______________________________________________________
hereby certify that I have read and understood the Policy on Residency as contained in the Student
Handbook and I accept and agree to abide by the terms and conditions so set forth. I agree that any act of
indiscipline incidental to me and for which I am found guilty be duly publicized within the University
and on her Website.

Signature of Student:

Date:_______________

Witness Column (Parents):

Name:

______________________________

Signature of Parents: ________________

Date: ________________

Name of Hall Officer:

______________________________

Signature of Hall Officer:

______________________________ Date:____________________
STUDENT AFFAIRS DEPARTMENT
VISITORS ACCREDITATION FORM

A. STUDENT DATA:
NAME OF STUDENT: ____________________________________________________________

PROGRAMME/COLLEGE: ________________________________________________________

LEVEL: __________________________

HALL OF RESIDENCE: _________________________________________________________

ROOM NO: ______________________

B. ACCREDITED VISITORS
DATA OF PARENTS/

(1) NAME: ________________________________________________________________
ADDRESS: ________________________________________________________________

TELEPHONE: ________________________________________________________________

(2) NAME: ________________________________________________________________
ADDRESS: ________________________________________________________________

TELEPHONE: ________________________________________________________________

(3) NAME: ________________________________________________________________
ADDRESS: ________________________________________________________________

TELEPHONE: ________________________________________________________________

(4) NAME: ________________________________________________________________
ADDRESS: ________________________________________________________________

TELEPHONE: ________________________________________________________________

PARENT/GUARDIAN SIGNATURE & DATE
COVENANT UNIVERSITY
CELL PHONE OUTLAW UNDERTAKING

I…………………………………………………. being a student of Covenant University affirm my allegiance to abide by all the rules and regulations guiding the institution, including the non-possession of Cell-Phones within the Campus.

The University Authority had ruled that all types of Mobile Phones or land lines and or any other gadgets or devices that are capable of making and receiving calls, should not be found operated by students on Campus within and outside the Halls of residence. And had also helped my understanding as to the good reasons why such phones are outlawed.

It is therefore my understanding and undertaking by this consent that I accept to be visited with the appropriate penalty any day I am accosted with any of these devices mentioned in the University premises, operated or not operated or if I acted in manners to cover up my knowledge of its possession or operations by another student(s).

Name: ............................................................

College: ......................... Department: ......................

Signature: .............................. Date: ......................

Witness’ name & signature: ..........................................................(Parent)
Please complete the following form with the proper information. This information will be maintained on file at the Students Affairs Office and available to assist Covenant Security in the event that your laptop computer is stolen, and will also allow the Security Unit to enter your laptop into a stolen property database. The information contained on this form will also assist in the return of your property if it has been reported stolen and recovered, or lost and found.

Thank you for your time and participation in our registration programme.

<table>
<thead>
<tr>
<th>Owner Information:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
</tr>
<tr>
<td>First Name</td>
</tr>
<tr>
<td>Registration Number</td>
</tr>
<tr>
<td>Department</td>
</tr>
<tr>
<td>College</td>
</tr>
<tr>
<td>Hall Address</td>
</tr>
<tr>
<td>Email Address</td>
</tr>
<tr>
<td>Parent’s Phone Number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Computer Information:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make</td>
</tr>
<tr>
<td>Model</td>
</tr>
<tr>
<td>Serial Number</td>
</tr>
<tr>
<td>Colour</td>
</tr>
<tr>
<td>Identifying Marks (if any)</td>
</tr>
</tbody>
</table>

Student/Parent Agreement

Students intending to use a personal laptop or iPad pledge to do the following:

- I will take care of the laptop or iPad my parents provided me.
- I will never leave it unattended.
- I will not loan it to other individuals.
- I will know where it is at all times.
- I will use my iPad or laptop in ways that are appropriate and educational and reflect Covenant University’s expectations.
- I will not use inappropriate media as a screensaver.

I understand and agree to the stipulations found in Covenant University’s guidelines and policies and in the above pledge. I also understand that the University cannot be held responsible for damage or theft of a student’s personal laptop or iPad.

Student Name (Please Print): _________________________________________
Student Registration No.:____________________
Student Signature: ___________________________      Date:_______________

Parent Name (Please Print):__________________________________________
Parent Signature: ________________________             Date:_______________

Type of Device:____________________________________________________

**Please sign and return this document to the Students’ Affairs Office before bringing your device to the school.**
CULT RENUNCIATION FORM

A. INFORMATION

Name (Surname First)
____________________________________________

Sex: ____________________ Age & Date of Birth:__________________
______________________________________________________________

Which Cult group did you belong to:
______________________________________________________________

Since when have you been there?
______________________________________________________________

Who influenced you into it?
______________________________________________________________

How did it happen?
______________________________________________________________

What was your reason for joining the group?
______________________________________________________________

Recount any havoc that you personally influenced or were a part of?
______________________________________________________________

Are you sincerely ready to leave the group?
______________________________________________________________
B. OATH OF RENUNCIATION

I, ________________________________
do solemnly affirm that I hereby renounce my membership in
________________________________________ Cult group from henceforth, I therefore swear that I
will faithfully abide by the rules and regulations of this institution, and will to the best of my ability
preserve, protect, and defend the rules and regulations of Covenant University, so help me God.

_________________________________
Name & Signature

Sworn to and subscribed before me
by______________________________ on this

___________ day of ____________, 20 ___________.

__________________________________
Signature of person authorized to administer oaths

__________________________________
Name and office.