Residency Requirements For Freshers

Below is a list of the minimum required items that a student needs during his/her stay in the halls of residency. This suggested list is highly recommended to ensure that the student enjoys a comfortable and stress-free stay in the halls of residence. Please keep in mind that the storage space for each student is limited. Students must endeavor 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>BEDSHEET</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 CUTLERIES</td>
<td>1</td>
</tr>
<tr>
<td>7</td>
<td>PLASTIC BUCKET</td>
<td>2</td>
</tr>
<tr>
<td>8</td>
<td>PADLOCK</td>
<td>1</td>
</tr>
<tr>
<td>9</td>
<td>TOUCH 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 LAMB (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 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>ALCOHOLIC DRINKS</td>
</tr>
<tr>
<td>2</td>
<td>BOTTLES, KNIVES, FORKS</td>
</tr>
<tr>
<td>3</td>
<td>CIGARETTES</td>
</tr>
<tr>
<td>4</td>
<td>COOKING UTENSILS SUCH AS HOT PLATES, RICE COOKERS, TOASTERS, MICROWAVES, ELECTRIC BOILING RING, SAUCEPANS, AND BLENDERS.</td>
</tr>
<tr>
<td>5</td>
<td>COMPUTER GAME (PLAY STATION)</td>
</tr>
<tr>
<td>6</td>
<td>CONDOM AND CONTRACEPTIVE</td>
</tr>
<tr>
<td>7</td>
<td>GUNS OR BULLETS</td>
</tr>
<tr>
<td>8</td>
<td>HAIR DRYERS, STRAIGHTENERS</td>
</tr>
<tr>
<td>9</td>
<td>HARD DRUGS SUCH AS COCAINE, INDIAN HEMP, HEROIN AND OTHER ILLEGAL DRUGS</td>
</tr>
<tr>
<td>10</td>
<td>ITEMS MEANT FOR SALE OR BUSINESS</td>
</tr>
<tr>
<td>11</td>
<td>JEANS, CHINOS, CORDUROY AND DIABOLICAL MATERIALS</td>
</tr>
<tr>
<td>12</td>
<td>KNOCK OUT OF ANY KIND</td>
</tr>
<tr>
<td>13</td>
<td>KEROSENE LAMBS, GAS COOKERS, CANDLES, MATCHES, LIGHTER</td>
</tr>
<tr>
<td>14</td>
<td>LETHAL WEAPONS/INJECTION</td>
</tr>
<tr>
<td>15</td>
<td>RAW FOOD ITEMS</td>
</tr>
<tr>
<td>16</td>
<td>REFRIGERATORS &amp; GRILLERS</td>
</tr>
<tr>
<td>17</td>
<td>SIM CARD, PHONES, SIM ENABLED DEVICES AND OTHER PHONE ACCESSORIES</td>
</tr>
<tr>
<td>18</td>
<td>TV CARD/ANTENNAS</td>
</tr>
<tr>
<td>19</td>
<td>TV SET</td>
</tr>
<tr>
<td>20</td>
<td>UNGODLY MUSIC TAPES AND CDS</td>
</tr>
<tr>
<td>21</td>
<td>VIDEO MACHINE, TAPES &amp; DVD PLAYERS</td>
</tr>
<tr>
<td>22</td>
<td>WEIGHT OR SHOT PUT</td>
</tr>
</tbody>
</table>

**NOTE:** Other contraband items may be specified or published from time to time.
MATRICULATION COVENANT

I FULLY RECOGNISE 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 to 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 skills.

Having this understanding in view,

I hereby humbly covenant my personal commitment to:

- Wholeheartedly subscribe to the mission and vision of Covenant University which principally seeks to prepare me for meaningful future.
- Adhere strictly to the rules and regulations contained in the Student’s Handbook.
- Attend all lectures, sit all required practicals, test, and examinations and undertake research projects as may be prescribed from time to time.
- Participate in all University prescribed sporting activities and other community service programmes.
- Be present at every University assembly called to exalt me spiritually, academically and physically.
- Remain committed to the principles of the scripture in order to build up my spiritual life.
- 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 on this Matriculation Covenant to authenticate my commitment this day of this year

Signature

 Date

In the presence of:

Name:  Name: 

Address:  Address: 

Occupation:  Occupation:
I (We),

Address:

Telephone No: E-mail:

Parents/Guardians (Mr./Miss) a 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 Covenant University Students 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 acceptable to us/me. I/ We, also undertake to discharge any financial obligation in respect of my/our ward to the university as may be requested of me.

Signature (Parents/ Guardian) Date

In the presence of:
Name
Address
Occupation Telephone No
E-mail Signature
Name
Address
Occupation Telephone No
E-mail Signature
MEDICAL REGISTRATION FORM

INSTRUCTION: This form must be downloaded and filled by your Family Medical Doctor in the presence of you and your parents. On no account should any medical checkup be done at home. ALL TESTS (e.g. X-rays, Blood Test and so on) MUST be done in school.

SESSION: ____________________________

PART A (to be completed by student)

BIO DATA

1. Name of student ____________________________
   (SURNAME) ____________________________ (FIRST NAME) ____________________________ (OTHER NAMES) ____________________________

2. Sex ____________________________

3. Date of Birth ____________________________

4. a). Name of Parent or Guardian ____________________________

   b.) Address: ____________________________

   c.) Telephone ____________________________ d.) E-mail ____________________________

If the answer to any of the question in (5-10) is yes, please give details.

5. a.) Do you have any health problem(s)? Yes No ____________________________

   b.) Are you currently on any medication? Yes No ____________________________

   c.) Are you allergic to any drug? Yes No ____________________________
MEDICAL HISTORY (To be completed by the Family Physician)

With regards to the above named student kindly provide the following information;

7. Any history of surgical operation? Yes [Blank] No [Blank]
8. Number of hospitalizations in the past one year?

9. Any past history of:
   a.) ASTHMATIC? Yes [Blank] No [Blank]
   b.) Epilepsy? Yes [Blank] No [Blank]
   c.) Mental illness? Yes [Blank] No [Blank]
   d.) Tuberculosis? Yes [Blank] No [Blank]
   e.) Drug addiction? Yes [Blank] No [Blank]
   f.) Heart disease? Yes [Blank] No [Blank]
   g.) Kidney disease? Yes [Blank] No [Blank]
   h.) Diabetes mellitus? Yes [Blank] No [Blank]

10. FAMILY HISTORY

Any family history of:

   a.) Epilepsy? Yes [Blank] No [Blank]
   b.) Mental illness? Yes [Blank] No [Blank]
   c.) Tuberculosis? Yes [Blank] No [Blank]
   d.) Diabetes? Yes [Blank] No [Blank]
   e.) High Blood Pressure? Yes [Blank] No [Blank]
   f.) Asthma? Yes [Blank] No [Blank]
   g.) Heart disease? Yes [Blank] No [Blank]

11. GENERAL PHYSICAL EXAMINATION.

Weight [Blank] Kg [Blank] Height (M) [Blank]

VISUAL ACTIVITY

a.) With glasses : Left [Blank] Right [Blank]
b.) Without glasses : Left [Blank] Right [Blank]
11. SYSTEMIC EXAMINATION

1. CNS

2. R/S

3. CVS
   a.) Pulse Rate Beat/ Min
   b. B.P mmhg
   c. Apex Beat
   d. Heart/ Sounds

4. G.I.S

5. M.S.S

PHYSICIANS’ COMMENT:

________________________________________________________________________

12. Name of the physician: ________________________________________________

Address: ______________________________________________________________

Telephone: E-mail: ________________

TO BE COMPLETED BY THE STUDENT

In case of any medical emergency, give the name and address of person(s) to be contacted.

   a.) Name: ____________________________________________________________

   b.) Address: __________________________________________________________

   c.) Telephone: ______________________   E-mail: _________________________

Signature of Student ___________________________  Date _____________________
Note: Please note that all medical and laboratory investigations are to be conducted at the covenant university Health Centre upon resumption to school.

STUDENT AFFAIRS DEPARTMENT

VISITORS’ ACCREDITATION FORM

A. STUDENT DATA

<table>
<thead>
<tr>
<th>NAME OF STUDENT:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAMME/COLLEGE:</td>
<td></td>
</tr>
<tr>
<td>LEVEL:</td>
<td></td>
</tr>
<tr>
<td>HALL OF RESIDENCE:</td>
<td></td>
</tr>
<tr>
<td>ROOM NO.</td>
<td></td>
</tr>
</tbody>
</table>

B. ACCREDITED VISITORS

DATA OF PARENTS/GUARDIAN

- NAME: -------
  ADDRESS: -------
  TELEPHONE: -------

- NAME: -------
  ADDRESS: -------
  TELEPHONE: -------

- NAME: -------
  ADDRESS: -------
  TELEPHONE: -------

- NAME: -------
  ADDRESS: -------
  TELEPHONE: -------

- NAME: -------
  ADDRESS: -------
  TELEPHONE: -------

- NAME: -------
  ADDRESS: -------
  TELEPHONE: -------
COVENANT UNIVERSITY
Km. 10 Idiroko Road, Canaan Land,
P.M.B 1023, Ota, Ogun State.

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 Halls of residence and this has 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 (OTHER NAMES) operations by another student(s).

Name __________________________
College: __________________________
Department: __________________________
Signature: __________________________ Date: __________________________
Witness’ name __________________________ Signature: __________________________
Date: __________________________
COVENANT UNIVERSITY

Laptop/iPad Registration Form Agreement 2014-2015

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: ________________________________

Brand (e.g Compaq), Device(Notebook)
Note:

Please sign and return this form to the student Affairs Office before bringing your device to school.
CULT RENUNCIATION FORM

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 apart of?
______________________________

Are you sincerely ready to leave the group?
______________________________
C. OATH OF RENUNCIATION

I, do solemnly affirm that I

renounce my membership from the Cult Group. Henceforth, I 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

Sworn to and subscribed before me

On this day

Signature of person authorized to administer oaths

Name and office:
COVENANT UNIVERSITY
Km. 10 Idiroko Road, Canaan Land,
P.M.B 1023, Ota, Ogun State.

RESIDENCY AGREEMENT

Name of student: 

Matriculation number: 

College: 

Department: 

Programme: 

Session: 

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 Hall of Residence during the 2014/2015 Academic Session.

The University agrees to provide you the room allocated to you on the terms and conditions outlined in Chapter 4 of the 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 of 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 of 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 a safe custody with the Hall Officials.

In the event of any 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 harbor 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/Hall is non-transferable or sellable. You are not to transfer from one Room or Hall to another without 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 the originally allocated to you, the terms and conditions of this agreement shall remain in the 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 any time during the Academic session for which this agreement is executed.*
COVENANT UNIVERSITY
Km. 10 Idiroko Road, Canaan Land,
P.M.B 1023, Ota, Ogun State.

LAPTOP/ IPAD REGISTRATION FORM

Please complete the following with the proper information. This information will be maintained in the file at the Students Affairs Office and available to assist Covenant Security in the event that your laptop/ipad is stolen. This will also allow the Security Unit to keep record of your stolen item in the stolen property database. The information contained on this form will also assist in returning your property to you if it was stolen and has been recovered.

**PERSONAL INFORMATION**

<table>
<thead>
<tr>
<th>LAST NAME</th>
</tr>
</thead>
<tbody>
<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>E-MAIL ADDRESS</td>
</tr>
<tr>
<td>PARENT’S PHONE NUMBER</td>
</tr>
</tbody>
</table>

**COMPUTER DETAILS**

| MAKE |  
| MODEL |  
| SERIAL NUMBER |  
| COLOUR |  
| IDENTIFYING MARKS |  
