## AFRICAN AMERICAN UNIVERSITY

## REPUBLIC OF BENIN/ USA

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## **AWARD APPLICATION FORM**

Tick	as applicable	
	Honourary doctorate (PhD, Honoris	causa)
	Professorial/Professorship	
1.0	Honoree details	
1.		
	Surname	Other names
2.		
	Sex (Male or Female)	Date of Birth
3.		
	Marital status	Nationality
4.		
	Physical contact address	
5.		
	Telephone numbers	E-mail
6.	I	Former Title: Mr./Mrs./Miss/Dr./Prof/Chief etc.

,	causa) Field of Special			
3.0 Qualification(s)	) obtained (Tick and fi	ill as applicable)		
FSLC	WAEC	DIPLOMA	HIGHER DIPLOMA	
BACHELOR	MASTER'S	DOCTORAI	PROFESSORIAL	
YEAR:				
ENTRY TYPE:				
Signature:		Date:		
Payment method: ma	ike due payment/dona	tion by cheque/Telle	r in favour of:	
Account Name: Afric	can American Univers	sity		
Account Number: 10	17116614			
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