



# Postgraduate School of Credit and Financial Management

In collaboration with

## London Postgraduate Credit Management College, UK



### Student Admission Application Form

**Programme Titles:** (please tick as appropriate)

- International Certified Credit Executive (ICCE)
- International Certified Credit Associate (ICCA)
- International Certified Credit Fellow (ICCF)

**PSCFM/LPCMC/ADFN<sub>o</sub>.**

### Completing Your Application

1. Read the instructions on the form carefully as you complete your application
2. Type or complete the form using black ink
3. Provide the documents in the checklist below
4. Return completed application form and all documents to:

**PSCFM's Admission and Recruitment Office,**

The Postgraduate School of Credit and Financial Management  
35, King George V Road, (3<sup>rd</sup> Floor), Onikan, Lagos Island, Lagos, Nigeria.  
08034030160, 07039382418, 08023314598, 07055853470,  
08088238738, 07033814790

Email: [postgraduate@postgraduatecredit.org](mailto:postgraduate@postgraduatecredit.org)

Website: [www.postgraduatecreditschool.org](http://www.postgraduatecreditschool.org)



**Affix Two  
Passport**

*Please tick  
If provided*

### Document Checklist

**1.- Certificates**

Please attach photocopy of your present qualifications

**2 - Curriculum Vitae (CV)**

Please provide your recent resume

3 - Self passport photograph attached (2)

4 – Admission Application form fee (Non-refundable) – N5,000.00



**Personal details**

Gender: Male  Female  Date of birth (dd:mm:year)    Nationality:

Please tick appropriate title

Dr  Mr.  Mrs.  Ms  Other:

International Passport No.

Surname:	Middle Name:	Last Name:
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Note: correspondence will be sent to your correspondence address. You must inform us every time your address changes.

Permanent home address	Address for correspondence
Telephone Number: Mobile:	Telephone Number: Mobile:

Email	<input type="text"/>
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**You must** provide a personal active email address, this is essential for you to be kept informed about your studies

Indicate which degree or professional programme you are applying for:

Course Descriptions	Year of Entry
What Professional Qualification? (Please tick)      ICCE      ICCA      ICCF	
What Academic Qualification? (Please tick)      B.A      M.A      Ph.D	

**Educational Qualifications**

Year	Awarding Body	Grade Obtained	Award

Please attach photocopy of your present qualifications.

**Finance:** Please tick fee appropriate to your programme  
Concessionary Programme fees for PSCFM Students only:



1. **Degree:**  ICCE/BA, £2,900     ICCA/MA, £4,500     ICCF/PhD, £6,000  
2. **LPCMC Qualification only:**  ICCE, £1,100     ICCA, £2,100     ICCF, £3,100

**Address of Permanent Residence:**

How do you intend to finance your study at PSCFM? Give details.

Please give detail if your study will be sponsored by other source:

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### Work Place Detail:

Full address of place of work, including name, department and position:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position: \_\_\_\_\_  
Department: \_\_\_\_\_

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### Parents, Next of Kin, Spouse Detail:

Full Name of Father: \_\_\_\_\_  
Father's Phone No.: \_\_\_\_\_  
Full Name of Mother: \_\_\_\_\_  
Mother's Phone No.: \_\_\_\_\_  
Name of Next of Kin: \_\_\_\_\_  
Next of Kin's Phone No.: \_\_\_\_\_  
Name of Spouse: \_\_\_\_\_  
Spouse's Phone No.: \_\_\_\_\_

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### Declaration

Applicant must read and sign the following declaration:

I certify that the statements made by me on this form are correct. I understand that the PSCFM/LPCMC reserves the right to withdraw any offer it may make should any statement in this application prove to be false.

I confirm that, if admitted, I will conform to all PSCFM/LPCMC Regulations.

I understand that PSCFM/LPCMC reserves the right to withdraw or alter any course at any point before the start or during academic year in which that course is due to be offered or has been offered.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_