



Postgraduate School of Credit and Financial Management

35, King George V Road, (3rd Floor), Onikan, Lagos Island, Lagos, Nigeria.

P.O.Box 2708, Apapa, Lagos

Tel: 08034030160, 07039382418, 08023314598, 07055853470, 08088238738, 07033814790

CCP Programme Admission Application Form

Programme Titles: (please tick as appropriate)

- Level 1 Professional Advanced Diploma (PAD) In Credit Management
- Level 2: Professional Postgraduate Diploma (PPGD) In Credit Management
- Level 3: Certified Credit Professional (CCP) In Credit Management

PSCFM/CCP No.

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:

**Affix Two
Passport**

PSCFM's Admission and Recruitment Office,

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

Email: postgraduate@postgraduatecredit.org

Website: www.postgraduatecreditschool.org

Document Checklist

*Please tick
If provided*

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

How did you get to know about PSCFM?

through ICA Journal

through newspaper advert

through website

through Colleague/Friend

through PSCFM flyer (Please tick as appropriate)



Finance: Please tick fee appropriate to your programme level (each level run for 18months)

CCP Programme Only: PAD, ~~N225,000~~ PPGD ~~N345,000~~ CCP, ~~N485,000~~

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:

Work Place Detail:

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

Name: _____

Address: _____

Position: _____

Department: _____

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.: _____

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 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 Regulations.

I understand that PSCFM 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: _____