

College of Supply Chain Management

In Affiliation with:

The Certified Institute of Warehousing and Materials Management

Office Address: 57 Isheri Road, Aguda Ogba Ikeja, Lagos State
P O Box 10132 LASU-OJO Tel: 234 1 8121578, 08025486416
info@collegeofscm.com, www.collegeofscm.com

STUDENT APPLICATION FORM

ALL ENTRIES IN BLOCK LETTER (Please tick as appropriate)

Name: _____

(Surname)

(Other names)

Date of Birth: _____ Sex: _____ Marital Status: _____

State of Origin: _____ Nationality: _____ Local Govt Area _____

Marital Status: _____ Religion _____

NYSC Completed (Tick X) Yes _____ Year: _____ No: _____

Contact Address: _____

Phone No.: _____ Mobile No.: _____ E-mail _____

Office Address: _____

Phone No: _____ Position: _____

Next-of-Kin: _____

Address: _____

EDUCATIONAL INSTITUTIONS ATTENDED WITH DATE:

Schools	Name of Institutions	Certificate	Year
Primary			
Secondary			
College			
Polytechnic			
University			
Post Graduate			

PROFESSIONAL EDUCATION

Other professional qualification(s) if any and dates of completion of exams

Professional Bodies	Month & Year		Qualification(s)
	From	To	

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DECLARATION

I Mr. _____ hereby declare that all the information supplied on this form is correct and that I bind myself to the rules and regulations regulating the professional examination of the institute from time to time.

Signature of Application

Date of Application

RECOMMENDATION

Referees (must be a member of the following institute ACIWM, ACIA, ACA, ACIPS, ANAN, CPA, LLB, Medical Doctor)

Name: _____

Contact Address: _____

Occupation: _____ Position: _____

Institute Designatory Fellow/Full Member/Associate _____ No: _____

Phone Number: _____ Mobile: _____

Sign

Date

COMPLETED FORM MUST BE SUBMITTED WITH THE FOLLOWINGS:

- a) 2 Passport Photographs
- b) Photocopy of certificate and diploma
- c) 2 Self addressed stamped envelopes
- d) Any other relevant documents
- e) Photocopy of the receipt/teller

FOR OFFICE USE ONLY

Comment(s)

Student No.: CSCM _____

Registrar
The College of Supply Chain Management
Office Address: 57 Isheri Road, Aguda Ogba Ikeja, Lagos State
Tel: 08025486416, 08033450802