



APPLICATION FOR ADMISSION INTO THE QUALIFYING EXAMINATION OF THE CHARTERED INSTITUTE OF LOGISTICS AND TRANSPORT.

DO NOT send any Original Certificate or slips with this Application

TWO RECENT PASSPORT SIZE PHOTOGRAPH OF CANDIDATE

(PLEASE FILL THE FORM IN CAPITAL LETTERS)

1. Surname:
- Other Names:
2. Contact Address:
(Inform the Director of any change)
3. Proposed Programme:
4. Sponsoring Organization/Self Sponsorship:
5. Nationality: 6. State of Origin (if Nigerian)
7. Date of Birth: 8. Married or Single: 9. Tel No.:
8. E-mail:.....

Name of Institutions Attended	Year of Study		Certificate, Diploma or Degree Awarded (State, Grade or Class)	Subjects
	From	To		

10. Name of Employer:

11. Transport related training attended within the last 2years. Give Names and Locations of Institutions:
.....

.....

12. State Research experience/Publication (if any) with dates and Institutions.....

.....

13. Name two (2) persons (of whom at least one must be person under whom you have worked or studied). You have to ask them to forward recommendations as to your ability to do a Professional Programme in Logistics and Transport.

Name	Rank	Postal /E-mail Address
(a).		
(b).		

14. Declaration

I hereby declare that the information stated above is to the best of my knowledge and belief it is accurate in every details.

.....
Signature

.....
Date

OFFICIAL USE ONLY

- A. Receipt No. for Application form:
- B. Application approved/not approved and date course starts:
- C. Programme:
-
- D. Area/Programme/Level of Study:
-
- E. Supervisor(s):
- F. Title of Project:
- G. Special Note:
- H. Other Remarks:
-

REFEREE'S CONFIDENTIAL REPORT ON A CANDIDATE FOR ADMISSION INTO CILT QUALIFYING EXAMINATION

The candidate whose name is given below wishes to undertake CILT Qualifying Examination Programme in this Institution. CELOTE would be grateful for your comments on the candidate's suitability for this programme.

Your comments will be regarded as confidential.
Please return the completed Form direct to the Project Manager
Centre for Logistics And Transport Education Lagos.

SECTION A (TO BE COMPLETED BY THE CANDIDATE)

1. Name: Mr./Mrs./Miss.:

.....
(Surname first, in Block Capital)

2. Address:

3. Programme to which application is being made:

.....

4. Qualification in view:

5. Candidate's qualification:

SECTION B (TO BE COMPLETED BY REFEREE)

6. How long and what capacity have you known the candidate?
.....
.....

7. Please comment on the candidate's suitability to undertake work in the proposed Professional Education Programme (with reference to his/her intellectual ability, experience, capability for persistent and independent professional study and ability for imaginative thought).

.....
.....

8. Please indicate by brief statement, whether you consider adequate in oral and written expression in English Speaking Institution:
.....

9. Please rank the candidate's competence among the Officers you have supervised (underline which ever applies)
Top 10% Top 25% Average Lowest 25% Lowest 10%

10. a). Name and Address of Referee b). Designation of Referee c). Signature of Referee
.....