

Training for Expertise

THE CERTIFIED INSTITUTE OF SHIPPING (College of Maritime-Transport Management and Technology)

Session

EXT.

CAMPUS:

WARRI

•PORT

HARCOURT

•IBADAN

•KANO

•ABUJA

•OGOJA

CAMPUS:

CIS

COMPLEX,

Near MAGBON BUS-STOP, BADAGRY TEL: 08023033404, 08033733237

EXPRESSWAY,

NBTE/FME ACCREDITED

02342

ADMISSION FORM

E-mail: cis.comat.co.uk, revalex55@yahoo.com Website: www.cisng.org

LAGOS. •ONNE/ELEME

PERSONAL DATA

NAME: (as it is to appear on Certificate(s), Surname first)

Title:

Address (for mailing)

CAECO Date of Birth

Citizenships)

GENERAL INFORMATION

COURSES/PROGRAMME AVAILABLE

I wish to apply for admission to the following courses(s): Please tick)

Full Time PGD

Part Time HND ND

CONVERSION

E.g.

VIVA GITP

LEVEL(S) Specify

ENGINEERING&TECHNOLOGYNDOnly

(OPTIONS)

Marine Engineering Technology Naval Architecture

Ship/Boat Building Technology

Dockyard Technology

Transport Tech; Fleet Mgt/Traffic Engineer

Computer &Information Technology

SHIPPING MGT &TECHNOLOGY ND/HND Only

(OPTIONS) Nautical Science

Marine Survey (Hydrography/Cartography) International Shipping/Port Mgt

Coastal Zone Mgt; (Tourism & Marine/Beach) Maritime Security Management & Tech.
Health, Safety and Environment

MANAGEMENT SCIENCE - ND/HND only

(OPTIONS)

Business Administration

Marketing/International Trade Finance /Account

Office Management/Info Tech Entrepreneurial & Shipping Business

TRANSPORT MGT - ND/HND only

(OPTIONS)

Maritime Aviation

Rail Road Pipeline

Logistics

Other Names

Place of Birth State

Tel/Fax • Email:

Sex Marital Status

FOR POST GRADUATE STUDENTS ONLY: See Specialization below (Tick)

(A) Shipping/Port Management (B) Health, Safety & Environment

(C) EDUCATION

Please attach, Handbook)

(D)

(E) Maritime Law Arbitration

to be consider Date

Transport

Institution, City and Country 1.

2. 3.

4.

From

To

Certificate/Degree/ Diploma Awarded/Received

& Logistics

Photo copies

COMPUTER SKILLS

What computer

software packages

to certificate

if you wish

for admission

(please see

the Academic

do you use

• Spreadsheets

PROFESSIONAL QUALIFICATIONS (Shipping and other relevant qualifications) Please attach certified copies of certificates

Institution Dates (from/to)

Total duration of sea service (Crew, Seamen, Naval/Other Military Personnel only)

• Word Processing

E-mail/Internet
Others (Please
regularly?
Maritime
Security
Mgt/Technology
Specify) Qualification

EMPLOYMENT

1.1 Please list the posts you have held over the years, starting with your current job A(Comprehensive CV may be attached) 1.2 CURRENT EMPLOYMENT

Post Title: Employer:

Address:

Type of Business:

Job Description: No of years spent:

OTHER INFORMATION

Please add any other relevant information that would help the Admissions Board to assess your application (Professional qualifications, publications, honours and awards)

DECLARATION

I certify that the statements made by me on this form are true, complete and correct to the best of knowledge and belief, I understand that any false statements) or omission) may provide grounds for disqualification from the institute

If Selected, I understand that I am expected to:

- Conduct myself at all times in a manner compatible with my status as a student of the Certified Institute of Shipping.
- Study Full/part-time during the period of the course, as directed by the Institute
- Obey the laws of the host country and other countries visited in the pursuit of my studies at CIS

APPLICANT

QUALIFIED PROGRAMME

OFFICIAL USE ONLY (TICK)

D A T E

N O T QUALIFIED

Date Form

Date To

Authorised Rector/Registrar/Director of Admission

Signature: