



The Postgraduate School of Credit & Financial Management

213, Igbosere Street, 4th Floor, Lagos Island, Lagos.

Mobile: 08034030160, 08023314598, 08050880359, 07084665453, 08129579439

Email: postgraduate@postgraduatecreditschool.net **Website:** www.postgraduatecreditschool.net

Student Admission Application Form

Year of Registration:

20.....

Affix Student
Passport

Name of Student: _____

Please tick as appropriate:

Programmes:

- Certified Credit & Financial Analysis Professional (CCFAP)
- Credit & Financial Analysis Executive (CFAE)
- Credit & Financial Analysis Associate (CFAA)



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Student Admission Application Form

- A. Application forms are available at the cost of ten thousand naira (**₦10, 000**) which is non-refundable directly to PSCFM bank account. Candidate must clearly indicate his or her full name as payer of the money.
- B. Payment for this form can be made through any of our designated banks with details as stated below:
- Account Name: Postgraduate School of Credit & Financial Management**
Name of Bank: Union Bank of Nigeria Plc (any branch)
Account Number: 0005290746
 - Account Name: Postgraduate School of Credit & Financial Management**
Name of Bank: Ecobank Nigeria Plc(any branch)
Account Number: 0492002833
 - Account Name: Postgraduate School of Credit & Financial Management**
Name of Bank: First Bank of Nigeria Plc(any branch)
Account Number: 2000587530
 - Account Name: Postgraduate School of Credit & Financial Management**
Name of Bank: Access Bank Plc (any branch)
Account Number: 0017345651
- C. The forms can be obtained physically from our office having tendered evidence of payment to the bank. Our admission office is located at 213 Igbosere Street, 4th Floor, Lagos Island, Lagos.

Indicate which programme you are applying for:

- Certified Credit & Financial Analysis Professional (CCFAP)**
- Credit & Financial Analysis Executive (CFAE)**
- Credit & Financial Analysis Associate (CFAA)**

Course Description				Year of Entry
PSCFM Professional Qualification: (Please tick)	<input type="checkbox"/> CCFAP	<input type="checkbox"/> CFAE	<input type="checkbox"/> CFAA	

Completing Your Application

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

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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
- 4. Evidence of payment for Application Form – N10,000.00

Personal Details

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

Please tick appropriate title Dr. Mr. Mrs. Other

Surname:	Middle Name:	Last Name:
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Current Place of Work:	Position:
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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:	

You must provide a personal active email address, this is essential for you to be kept informed about your studies



Educational Qualification

Year	Awarding Body	Grade Obtained	Award

Please attach photocopy of your present qualifications.

Finance: Please indicate fee appropriate to your programme

PSCFM Qualification only:

- CFAA Class ₦ 300, 000.00 CFAE Class ₦450, 000.00
 CCFAP Class ₦600, 000.00

Library- ₦20, 000.00, **ID Card -** ₦5, 000.00, **Acceptance Fee -** ₦15, 000.00, **Registration -** ₦20, 000.00, **UK Student Study Programme (2-24 weeks), Study Fee Only –** Once-Off – £2,500

Address of Permanent Residence:

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

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

Declaration

Applicant must read and sign the following declaration:

I certify that the statement made by me on this form are correct. I understand that 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 and that of its affiliate.

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

Signed: _____

Date: _____