



# The Postgraduate School of Credit & Financial Management

213, Igbosere Street, 4<sup>th</sup> Floor, Lagos Island, Lagos.

**Mobile:** 08034030160, 08023314598, 08050880359, 07084665453, 08129579439

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

*Authorized by*



**The Institute of Credit Administration**

## **Student Admission Application Form**

**Credit Management Academic Improvement Programme  
for Members of The Institute of Credit Administration**

**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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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





**Educational Qualification**

Year	Awarding Body	Grade Obtained	Award

Please attach photocopy of your present qualifications.

**Finance:** Please indicate fee appropriate to your programme

**Programme Fees**

**Programme Duration: 6 Months**

- CFAA Class ₦180, 000.00    
  CFAE Class ₦250, 000.00  
 CCFAP Class ₦350, 000.00

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: \_\_\_\_\_