



AFRICAN SCHOOL OF MANAGEMENT TECHNOLOGY

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ASMT/ICSR

FORM No: -----

N1,000

ADMISSION - FORM

- Name: Title
Other Names
- Address: -----
- GSM: ----- Email-Address: -----
- Amount Paid:-----
- Mode of Payment: Cash ☐ Bank ☐ Draft ☐
- If Bank, State slip No. and date: -----
- Amount Paid:-----
- Mode of Payment: ☐ Cash ☐ Bank: ☐ Draft
- If Bank, State slip No. and date: -----

Schools Attended	From:	To:	Qualification
Higher Institutions			
<i>Polytechnic / University</i>			
Professional Training			

State the grades you achieved in your secondary school certificate or general education certificate subject:

Department of study and Examination desired: Professional body Academic/School

Mode of Tuition Desired:

☐ Full – Time ☐ Part-Time ☐ Weekends

☐ Distance (e- learning) by correspondence

Guardian/Sponsor: _____

Address: _____

Occupation _____

Signature _____ Date: _____

NOTE: *All bank payments should be paid to ICSR account in UBA Ikorodu Road, Lagos No. 02950310001403.*

Applicant Signature

Date