



Chartered Institute of Administration

(Chartered by Federal Government Act No. 103 of 1992)

Plot 1666, House 15B, il Close, 7th Avenue, Festac Town, P.M.B. 3063, Surulere, Lagos. 01-7944969, 08076983067, www.cia-ng.org, info@cia-ng.org

ACIA PROFESSIONAL QUALIFICATION

Application for Registration as a Student

(Please note that all the information requested below, to be treated as confidential by the Institute, must be correctly and fully supplied by you. Failure to do so will disqualify your application).

Office Use
Registration Number

1.0 PERSONAL DETAILS

<p>1.1 _____ Surname</p> <p>1.2 _____ Other Names</p> <p>1.3 _____ Male/Female</p> <p>1.4 _____ Date of Birth</p> <p>1.5 _____ Married/Single</p> <p>1.6 _____ Title (Chief, Lolo, Dr. Etc)</p> <p>17 _____ Nationality</p> <p>18 _____ State of Origin</p> <p>19 _____ Home Town Address</p> <p>_____</p> <p>_____</p>	<p>1.10 _____ Residential Address</p> <p>_____</p> <p>_____</p> <p>1.11 _____ Courier Delivery Address</p> <p>_____</p> <p>_____</p> <p>1.12 _____ Postal Address (PMB, or P. O. Box)</p> <p>_____</p> <p>_____</p> <p>1.13 _____ Telephone Number(s)</p> <p>_____</p> <p>_____</p>
---	---

2.0 BASIC EDUCATIONAL QUALIFICATION

2.1 Name of Examination: _____
(WASC/GCE/SSCE/NECO etc.)

2.2 Detailed Results:

Year	Subjects	Grade

Year	Subjects	Grade

3.0 HIGHER EDUCATIONAL QUALIFICATIONS

Name of Awarding Institution	Discipline	Qualification	Grade	Year Graduated

4.0 DIPLOMA IN BUSINESS STUDIES

(To be filled only by those who successfully completed the Diploma in Business Studies awarded by Chartered Institute of Administration)

4.1	_____	4.4	_____
	<i>Student Registration Number</i>		<i>Title of Research Project</i>
4.2	_____		_____
	<i>Exemptions Granted (if any)</i>		_____
	_____		_____
4.3	_____	4.5	_____
	<i>Month/Year of Completing Examination</i>		<i>Project Supervisor</i>

5.0 EMPLOYMENT

Name/Address of Present Employer	Position Held	Date Employed

6.0 ACIA COURSE INFORMATION

6.1	Area of Specialisation _____
	<i>(Corporate/Financial/Public Administration)</i>
6.2	Method of Study _____
	<i>(Full Time, Part Time or Distance Study)</i>
6.3	Study Centre _____
6.4	Commencing Date _____

7.0 SUPPORTING DOCUMENTS

(Submit Completed Form with each of the following items:-

- 7.1 Copy of receipt evidencing purchase of this Form
- 7.2 Copy of Birth Certificate/Affidavit
- 7.3 Copy of each Educational Qualification claimed in Sections 2.0 - 3.0 of this Form
- 7.4 Two (2) recent passport photographs
- 7.5 Four (4) self-addressed envelopes (size 9 x 4) each bearing N50.00 stamp

8.0 DECLARATION

I declare that the information I provided in this Form is correct. I undertake to abide by the Rules and Regulations of Chartered Institute of Administration. I accept that no part of any fee paid by me is refundable under any circumstances whatsoever.

Signature of Applicant

Date