



COLLEGE OF HOSPITALITY, TOURISM & MANAGEMENT

THE PROFESSIONAL TRAINING COLLEGE OF

MONA INSTITUTE OF HOSPITALITY, TOURISM & MANAGEMENT



Uniting Professionals

Promoting Excellence

Facilitating Learning

(Established by CAM Act 1990) NG/TM/O/2020/178699 RC: 1438005

NATIONAL SECRETARIAT:

Water Board Hill Top, Karu - Abuja FCT, P.O.Box 18997, Area 10 Garki, Abuja. | Tel: 0817 615 7377, 0902 723 7598
 chtm@instituteofhospitality.com.ng, collegeofhospitalitymgt@gmail.com, admissions@instituteofhospitality.com.ng, www.instituteofhospitality.com.ng

FORM NO:

APPLICATION FOR PROFESSIONAL POSTGRADUATE ADMISSION

Proposed Course of Study:

Proposed Accelerated Program:

University of Choice:

M.A., M.Sc., M.Ed., MBA, P.G.D, M.Com., Ph.D.

Affix 2 recent
passport photographs

OFFICE USE ONLY

(Officer making entry must initial and date each entry)

Date Application Form was Issued:

Bursary Receipt Number:

Admitted/Not Admitted:

Signature: _____

**RECOMMENDATION FROM
MIHTM - CITHM INSTITUTE**

DUAL CERTIFICATION

Reason(s):

Signature: _____

TO THE APPLICANT

- i. The applicant is advised to read through this form carefully before filling it.
- ii. The completed form together with two self-addressed ₦50.00 stamped envelopes and all other attachments should be sent to the College of Hospitality, Tourism and Management.
- iii. The information required to be given in the application form will be treated confidentially, and will be used only by the University.
- iv. Affix a copy of a recent passport photograph in the box provided above.

Completed application form must be accompanied with photocopies of the following:

- I. WASC/GCE O'level Certificate
- ii. Bachelors Degree Certificate (for Masters degree applicants)
- iii. NYSC discharge Certificate/Certificate of Exemption (where applicable)
- iv. Marriage Certificate or evidence of change of name where applicable
- v. Bank draft or Teller of payment (To

Make payment: **CHTM Zenith Bank PLC**
Account Number **1017425390**

Candidates must ensure that their academic transcripts are sent directly to:

Registrar

College of Hospitality Tourism and Management, P.O. Box 18997, Area 10 Garki, Abuja State.

SECTION A: PERSONAL DETAILS

1. Full Names: (In capital letters)

<i>Surname</i>	<i>First name</i>	<i>Second Name</i>

2. Mailing Address:

Email Address:

3. Permanent Home Address:

4. Phone Number:

5. Date of Birth:

<i>D D</i>	<i>M M</i>	<i>Y Y Y Y</i>
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6. Nationality:

7. State:

8. LGA:

9. Religion:

10. Denomination:

11. Gender:

12. Marital Status:

13. Maiden Name (if applicable):

14. Full Names and Mailing Addresses of Sponsor:

(b) Relationship:

(c) Sponsor's phone number:

15. Do you have any physical disability? Yes

No

If so, what is the nature of

the disability

B. ACADEMIC RECORDS

Post-Secondary Institution(s) Attended With Dates	From (Year)	To (Year)

Academic/Professional Qualifications

Name and Address of Institution	From	To	Degree/Diploma Certificate	Class / Grade	Special Field of Study

C. EMPLOYMENT HISTORY

Name of Employer	Address	Status	Salary Grade	From	To

D. REFEREES

Names of Referees (<i>Three Referees</i>)	Address	Mobile Number	Relationship
1.			
2.			
3.			

19. DECLARATION

I hereby declare that I wish to enter College of Hospitality Tourism and Management Postgraduate School of CIHTM-MIHTM for the _____ session. The particulars given in this form are correct to the best of my knowledge and belief. If admitted to the College, I shall regard myself bound by the ordinance, code of conduct, statutes and regulations of the college as far as they affect me.

I understand that withholding any information requested, and declaring incorrect qualifications or giving false information may make me ineligible for admission, registration or matriculation or result in my expulsion from the College and/or prosecution.

Name: _____ Signature: _____ Date: _____

