Referee’s Report on Candidates Seeking Admission to Graduate Programmes

TO BE FILLED IN BY THE CANDIDATE

1. Name of Candidate: ................................................................. (SURNAME FIRST)

2. (a) Programme to which candidate is seeking admission:

3. Degree aimed at: ........................................................................................................................................................................

4. Mode of Study: ...........................................................................................................................................................................

5. Application No.: ........................................................................................................................................................................

TO BE FILLED IN BY REFEREE

6. How long and in what capacity have you known the candidate?

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7. Comment on the candidate’s academic ability with special reference to intelligence, judgement, imaginative thought and capacity for sustained work at graduate level.

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8. Do you consider the candidate’s ability for oral and written expression in English adequate for high-level work in an English speaking university in a graduate programme?

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9. Comment on the candidate’s proficiency in other languages.

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10. Comment freely on the candidate.

11. How do you rate the candidate? (Underline where applicable)

- Exceptionally good
- Very good
- Good
- Average
- Below average

12. Name of Referee

13. Address

14. Official Status: ----------------------------------- Signature: ----------------------------------- Date: -----------------------------------

Completed form should be returned to:
The Director
Centre for Logistics and Transport Studies (CELTRAS)
University of Port Harcourt
P.M.B. 5323
PORT HARCOURT
To the Registrar:
Please attach this label to the official transcript of my academic record and forward to:

The Director
Centre for Logistics and Transport Studies (Celtras)
University of Port Harcourt
Port Harcourt

Application Form Number: ____________
Surname
Other Names
Programme
Applying for session commencing
Mode of study
No.:__________

CENTRE FOR LOGISTICS AND TRANSPORT STUDIES (CELTRAS)

APPLICATION FOR ADMISSION TO A HIGHER DEGREE/GRADUATE DIPLOMA

2013/2014 SESSION

1. Name of Candidate
   (Current Name) ________________________ (Surname) ________________________ (Other names) ________________________

2. Other names if different from above (for those who have done change of name. Please attach evidence)

   SURNAME FIRST NAME OTHER NAME

3. Date of Birth

4. Place of Birth

5. (a) Marital Status ________________________ (b) No. of Children ________________________

6. (b) Nationality ________________________ (b) State ________________________

7. Present Employment

8. Present Address

   Tel. No.: ________________________ E-mail Address: ________________________

9. Educational Institution(s) Attended with Dates

10. All Academic Qualifications with Dates

11. Cumulative Grade Point Average (CGPA) ________________________ SCALE ________________________

UNIVERSITY OF PORT HARCOURT
12. Languages:
   (a) Spoken .................................................................
   (b) Written ............................................................
   (c) Certificate received ..............................................

13. Degree/Diploma aimed at ..........................................

14. Area of Specialization .............................................

15. Major research interest ...........................................

16. Mode of Study: (a) Full-Time □ (b) Part-time □

17. Applicant’s Sponsor and Address .................................

18. Names/Address/E-mails of three(3) referees:
   (1) ........................................................................
   (2) ........................................................................
   (3) ........................................................................

19. Declaration of applicant:
   I hereby declare that the particulars which I have supplied are true to the best of my knowledge and belief. I am aware that withholding or giving false information automatically disqualifies me from gaining admission. If admitted to the University of Port Harcourt, I shall regard myself bound by the laws, rules and regulations of the University.

   Signature:____________________________________  Date:________________________

PROSPECTUS TELLER DETAILS

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<tr>
<th>NAME OF BANK</th>
<th>BRANCH/LOCATION</th>
<th>TELLER NUMBER</th>
<th>AMOUNT (N)</th>
<th>DATE ON TELLER</th>
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ACCOUNTS OFFICER’S SIGN DATE

www.celtras@uniport.edu.ng