

# UNIVERSITY OF PORT HARCOURT



No: APPL/2019/CENMERT/PGD MED ED/.....



## **CENTRE FOR MEDICAL RESEARCH AND TRAINING (CENMERT)**

### **COLLEGE OF HEALTH SCIENCES**

#### **APPLICATION FOR ADMISSION INTO POSTGRADUATE DIPLOMA MEDICAL EDUCATION 2019/2020 SESSION**

1. Name of Candidate:

2. Former Name

(If applicable, evidence should be attached):

3. Date of Birth:

4. Place of Birth:

5. Marital Status:

6. Nationality:

7. State of Origin:

8. Present Employment:

9. Present Address:

10. Tel. No:

11. Email Address:

12. Educational Institutions Attended with Dates and Academic Qualifications with Dates:

INSTITUTION	QUALIFICATION	START DATE	COMPLETION DATE	CGPA

13. Cumulative Grade Point Average:

14. Scale:

29. Languages Spoken: Languages Written:

30. Degree/Diploma aimed at:

31. Area of Specialization:

32. Major Research Interest:

33. Mode of Study:

34. Candidate's current place of work:

35. Are you teaching in any Institution now?

If so, give details: Name of Institution.....

Position..... For how Long? .....

36. Candidate's Sponsor:

37. Candidate's Sponsor's Address:

Phone No:

38. Names, Addresses and Emails of three (3) Referees:

S/N	Name	Address	Email	Phone
1				
2				
3				

39. 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, I shall regard myself bound by the rules and regulations of the university.

Signature\_\_\_\_\_

Date\_\_\_\_\_

**PROSPECTUS TELLER DETAILS**

NAME OF BANK	BRANCH/LOCATION	TELLER NUMBER	AMOUNT	DATE ON TELLER
ACCOUNT OFFICER'S SIGN:			DATE:	

Email: cenmert@uniport.edu.ng

Phone: 08092085222

# UNIVERSITY OF PORT HARCOURT



Centre for Medical Research and Training  
(CENMERT)  
College of Health Sciences

No:.....

## REFEREE FORM

2019/2020 SESSION

No: *APPL/2019/CENMERT/PGD/MED ED/.....*

1. Name of Candidate:

2. Course of Study:

3. Degree aimed at:

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

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

5. 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 program?

6. Comment freely on the Candidate.....  
.....

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

- Exceptionally Good
- Very Good
- Good
- Average
- Below Average

8. Name of Referee.....Phone No: .....

9. Address of Referee: .....email address .....

10.

Official Stamp

Signature: .....

Date.....

Completed Form should be returned to: Centre for Medical Research and Training(CENMERT), College of Health Sciences, University of Port Harcourt, PORT HARCOURT. Email: [cenmert@uniport.edu.ng](mailto:cenmert@uniport.edu.ng); Phone: 08092085222.

**TRANSCRIPT LABEL**

2019/2020 SESSION. No.....

**UNIVERSITY OF PORT  
HARCOURT**

**CENTRE FOR MEDICAL  
RESEARCH AND TRAINING  
(CENMERT)  
COLLEGE OF HEALTH  
SCIENCES**



Application Form Number.....

Surname

Other Names

Faculty

Department to which admission is sought

Applying for session commencing

Mode

*To the Registrar:*

*Please Attach this label to the official transcript of my  
academic record and forward to:*

The Assistant Registrar,

Center for Medical Research & Training (CENMERT)

University of Port Harcourt

Nigeria