UNIVERSITY OF PORT HARCOURT



No.:..-

CENTRE FOR LOGISTICS AND TRANSPORT STUDIES (CELTRAS)

Referee's Report on Candidates Seeking Admission to Graduate Programmes

TO BE FILLED IN BY THE CANDIDATE

1.	Name of Candidate
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?
7.	Comment on the candidate's academic ability with special reference to intelligence, judgement,
	imaginative thought and capacity for sustained work at graduate level.
8.	Do you consider the candidate's ability for oral and written expression in English adequate for
0.	high-level work in an English speaking university in a graduate programme?
9.	Comment on the candidate's proficiency in other languages.

10. Comment freely on the candidate.

11.	How do you ra	ate the candidate?	(Underline	where applicable)
-----	---------------	--------------------	------------	-------------------

		Exceptionally good
		Very good
		Good
		Average
		Below average
12.	Name of Referee	
13.	Address:	
14.	Official Status:	Date:
	Completed form should be returned to:	
	The Director	
	Centre for Logistics and Transport Studies (CELTRAS	5)
	University of Port Harcourt	
	P.M.B. 5323 PORT HARCOURT	
	FURI HARGUURI	



UNIVERSITY OF PORT HARCOURT CENTRE FOR LOGISTICS AND TRANSPORT STUDIES (CELTRAS)

TRANSCRIPT LABEL

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: ____

No.:.._

No.:.._

Surname

Other Names

Programme

Applying for session commencing

Mode of study



UNIVERSITY OF PORT HARCOURT CENTRE FOR LOGISTICS AND TRANSPORT STUDIES (CELTRAS)

TRANSCRIPT LABEL

UNIVERSITY OF PORT HARCOURT



No.:.._

Passport-size Photograph

CENTRE FOR LOGISTICS AND TRANSPORT STUDIES (CELTRAS)

APPLICATION FOR ADMISSION TO A HIGHER DEGREE/GRADUATE DIPLOMA

2013/2014 SESSION

1.	Name of Candidate	name)	(Other names)	
2.	Other names if different from above	e (for those who h	ave done change of name. F	Please attach evidence)
	SURNAME	FIRST NAME	ОТ	HER 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 Addrass	
0				
9.	Educational Instititution(s) Attend	ded with Dates		
10.	All Academic Qualifications with	Dates		
11.	Cummulative Grade Point Avera	ge (CGPA)		SCALE

12.	Languages:
12.	Languages

	5 5
	(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
	NAME OF BANK BRANCH/LOCATION TELLER NUMBER AMOUNT (N) DATE ON TELLER

DATE

ACCOUNTS OFFICER'S SIGN

www.celtras@uniport.edu.ng