



AKWA IBOM STATE UNIVERSITY, IKOT AKPADEN

CENTRE FOR AUTOMOTIVE TRAINING ,TRANSPORT AND LOGISTICS (CATTL)

STUDENT ADMISSION FORM

Name _____

Gender _____ Date of Birth _____

Address _____ Phone # _____

Email _____

Next of Kin _____

Programme Details

Programme Automotive Transports and Logistics

Duration Six (6 MONTHS) Three (3 MONTHS)

Educational Qualification

QUALIFICATION	SCHOOL NAME	YEAR

DECLARATION

Ihereby confirm that the information entered is valid and true.

OFFICIAL USE

Admission Status _____

Director