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9. Amount in Words:

Department of study and Examination desired: Professional body Academic/School

Mode of Tuition Desired:

☐ Full – Time ☐ Evenings ☐ Part - Time

☐ Distance (e- learning) by correspondence

Guardian/Sponsor:

Address:

Occupation:

Signature: **Date:**

NOTE: All bank payments should be paid to African School of Management Technology Account 2017576824 at FBN Plc.

Applicant Name

Signature/Date

Sponsor's Name /Signature:

.....

Date:

Official Use Only

Admission Officer Remarks: _____

Documentations: _____

Admitted into: _____

Name: _____ Sign/Date: _____