NATIONAL INSTITUTE FOR HOSPITALITY AND TOURISM (NIHOTOUR)
Central Administration
P.M.B 543 GARKI, ABUJA, NIGERIA
www.nihotour.gov.ng

FIX PASSPORT HERE

APPLICATION FOR ADMISSION INTO POSTGRADUATE DIPLOMA PROGRAMMES

NOTE

Send two completed copies of this forms with two photocopies of your credential to the ACADEMIC SECRETARY, NIHOTOUR, P.M.B 543, Garki, Abuja, Nigeria. (DO NOT send originals of certificates or result slip with this application). To reach him by the closing date as advertised. Applicant must forward requested transcript from former institution attended before being considered for admission.

SESSION ……

PROGRAMME IN VIEW ……..

Choice of Campus:……..

……

Surname *middle Name* *First **Name***

……

Sex *Marital Status*

Date of Birth …… Age …….. Place of Birth ……..

Home Town …….. Local Govt. Area……..

State …….. Nationality……..

2. Contact Address ……..

…….. GSM Telephone No: ……..

3. E-mail Address ……

4. Permanent Home Address……..

……

5. Present Occupation ……..

6. Employer's Name and Address ……

……

INSTITUTION (S) ATTENDED

NAME OF INSTITUTION (a)	Year of Study		Certificates, Diplomas or Degree awarded (State Grade or Class)	Year of Award
	FROM	TO		

7. Have you ever been expelled or asked to withdraw from this or any other higher institution?
   Which Institution? ……
   Reasons for Leaving……
   Year for Leaving…….
8. Academic distinctions and prizes awarded…….
9. Publication (with dates and Titles)……
10. Are you attending any educational institution or taking any course present?
    If so give name of institution and course
    _____
    _____

11. State employment and post held, if any, since you left School or University:
    _____
    _____

12. State research experience (if any) with dates and institutions:
    _____
    _____
    _____
    _____

13. State the means by which your fees will be paid (if on Scholarship the name of donor only should be given)
    _____

14. Name three persons of whom at least two must be under whom you have worked or studied whom you have asked for forward recommendation as to your ability to undertake post-graduate research. Send the attached forms to each after completing section A of the referee forms.

Name	Rank	Postal Address
(a)		
(b)		
(c)		

15. *Please request the appropriate official of your former college to send transcript of your academic record direct to the Academic Secretary, National Institution for Hospitality and Tourism, P.M.B 543, Garki, Abuja Nigeria.

16. DECLARATION

I hereby declare that the information stated above is to the best of my knowledge and belie accurate in every detail, and that if admitted to the Institute, I shall regard myself bound by the Ordinances ACT and Regulations of the Institute, and that if at any time the Institute is reasonably satisfied that any of the information I have given on this form is false or incomplete, I will be required to withdraw from the Institute or be liable to prosecution or both.

…….. ……

Signature Date

FOR OFFICE USE ONLY

(a) Receipt No. for application fee……

(b) Registration approved/not approved date) by Faculty Board of ……..

(c) RGD in view……

(d) Research Interest……..

(e) Supervision(s)……..

(f) Area of Study …….

(g) Special note …….

(h) Admission Status (Qualified/Not Qualified) ……

……

NATIONAL INSTITUTE FOR HOSPITALITY AND TOURISM (NIHOTOUR)

Central Administration
P.M.B 543 GARKI, ABUJA, NIGERIA
www.nihotour.gov.ng

FIX PASSPORT HERE

APP NO: ……..….. **REF NO: ……..**

REFEREE FORM

CONFIDENTIAL REPORT ON A CANDIDATE FOR POST GRADUATE ADMISSION (TO BE COMPLETED IN THREE COPIES)

NOTE: First Referee form is to be filled by the HoD of the last higher institution attended.
The second form is to be filled by the HoD of present work place
The third for is to be filled by any public officer on Director cadre

The candidate whose name is given below wishes to undertake Postgraduate study in the Institute. The Institute would appreciate your comment on the candidate's suitability for the programme.

Your comment will be regarded as confidential information. Please return the completed form direct to the: ***Academic Secretary, NIHOTOUR, No. 6 Mike Akhigbe Way, Jabi, P.M.B. 543, Garki, Abuja, FCT, Nigeria***

SECTION A: (To be completed by the Candidate)

1. Name (Mr/Mrs/Miss) ……
2. Address:……
   ……
3. Department of the Institute to which application is being made
   ……
4. Post Graduate Diploma Programme in view: ……
5. Candidate's former University/Polytechnic……
6. Year of graduation ……

SECTION B: (To be completed by Referee)

7. For how long and in what capacity have you known the candidate? ……
   ……
8. Please comment on the candidate's suitability to undertake work in the proposed field (with reference to his/her intellectual ability, capacity for independent academic study; capacity for originality, etc) ……

……

……

9. Please indicate by brief statement whether you consider the candidate adequate in oral and writing expression in English Language to enable him/her to cope with the needs of his/her research in English speaking Institute ……

   ……

   ……

   ……

10. Please rank the candidate academically among the students you have known (underline which ever applies)

    Top 10% Top 25% Average Lowest 25% Lowest 10%

11. Please comment on the candidate's personality ……

    ……

    ……

    ……

12. If this candidate were applying to your Faculty or Department, would you feel able to accept him/her as a research student?

    Please tick as appropriate YES [ ] NO [ ]

    Comment: ……

    ……

    ……

13. Comment freely upon the candidate ……

    ……

    ……

_____

Name of Referee
(In block letters)

_____ _____

Rank or Profession of Referee **Signature of Referee**

_____ _____

Polytechnic/University **Date**

Address ……

NATIONAL INSTITUTE FOR HOSPITALITY AND TOURISM (NIHOTOUR)

Central Administration
P.M.B 543 GARKI, ABUJA, NIGERIA
www.nihotour.gov.ng

Programme ……..

Name: ……
Address: ……
……..
……..

Dear Sir/Ma,

ACKNOWLEDGMENT OF
APPLICATION FOR ADMISSION

ACADEMIC SESSION ……

1. Your application for admission has been received and is presently receiving attention

2. You should inform the Academic Secretary if your address changes before the beginning of the session

3. You should quote the above Application Number in any Communication about your Application.

4. The receipt (No ……..) of your Application form is enclosed herewith.

Yours faithfully,