



Executive Leadership Certificate Program

Participant Application

Name: _____

First Middle Initial

Last

Date of Birth: ____/____/____ Nationality.: _____

Position: _____ When did you join your current job: ____/____/____

Month Year

Employer: _____

Major/Concentration (if applicable): _____

Minor (if applicable): _____

Permanent/Mailing Address: Home Phone Number

_____(____)_____-_____

Mobile Phone Number

_____(____)_____-_____

Email Address: _____

Please indicate how you learned about the Certificate Program.: _____

To become a participant, please **fill out this application completely** and submit it with your **current resume and evidence of payment of tuition**. For payment methods visit: <https://ciedinc.org/>

I would like to enroll in the IMT-CIED Executive Leadership Certificate Program and have filled out this application completely and accurately.

Applicant Signature : _____ Date: _____

*Questions, Please Contact: **Dr. Emeka Ejim**, Deputy Rector, Institute of Management and Technology
Enugu ejimemeka18@gmail.com or phone: 234.706-096-1909.*