

INSTITUTE OF STRATEGIC MANAGEMENT OF NIGERIA (ISMN)
FELLOWSHIP UPGRADE APPLICATION FORM - JULY 2025 AGM

Application Deadline: Friday, May 30, 2025

SECTION A: APPLICANT'S PERSONAL DETAILS

Field	Information Required
Title (Mr./Mrs./Ms./Dr./Chief, etc.)	
Surname	
First Name	
Middle Name (if applicable)	
ISMN Membership Number	
Date of Birth (DD/MM/YYYY)	
Phone Number	
Email Address	
Current Residential Address	

SECTION B: MEMBERSHIP & RE-CERTIFICATION STATUS

Field	Information Required
Date of becoming a Full Member	(DD/MM/YYYY)
Date of Last Re-certification/Re-integration	(DD/MM/YYYY)
Please attach a copy of your Full Membership Certificate and Re-certification/Re-integration notification.	[Checkbox to confirm attachment]

SECTION C: MANDATORY CONTINUOUS PROFESSIONAL DEVELOPMENT (MCPD)

Please list the two (2) ISMN MCPD workshops attended between June 1, 2024, and May 31, 2025. Attach copies of your Certificates of Attendance.

Workshop Title	Date Attended (DD/MM/YYYY)	Attach Certificate? [Checkbox]
1.		



2.

SECTION D: CAREER PROGRESSION

Field	Information Required
Current Organization Name	
Your Current Job Title/Position	
Date of Appointment to Current Position	(DD/MM/YYYY)
Brief Description of Your Strategic Responsibilities in Current Role (Max. 100 words)	
OR (for Civil Service Applicants): Current Salary Grade Level	
Please attach official documentation verifying your current Senior Managerial Position (e.g., Letter of Employment, Promotion Letter) OR official Payslip indicating your Salary Grade Level.	[Checkbox to confirm attachment]

SECTION E: CHAPTER INVOLVEMENT & ENDORSEMENT

Field	Information Required
Name of Your Local ISMN Chapter	
Are you an active member of the above Chapter?	Yes [] No []
CHAPTER CHAIRMAN ENDORSEMENT: Please provide the following details of your Chapter Chairman. The standardized Chapter Chairman Endorsement Form (Section F) must be completed and submitted along with this application.	
Chapter Chairman's Name	
Chapter Chairman's Phone Number	
Chapter Chairman's Email Address	
If there is no active ISMN Chapter in your location, please explain briefly: (Max. 50 words)	

SECTION F: CHAPTER CHAIRMAN ENDORSEMENT FORM

(To be completed by the Chapter Chairman)

I, the undersigned, hereby endorse **[Applicant's Full Name]**, with ISMN Membership Number **[Applicant's ISMN Membership Number]**, as an active member in good standing of the **[Name of Chapter]** Chapter. I confirm that the applicant actively participates in Chapter activities and contributes positively to the Chapter's objectives.

Field	Information Provided by Chapter Chairman
Chapter Chairman's Full Name	
Chapter Chairman's Signature	
Date (DD/MM/YYYY)	
Official Stamp/Seal of the Chapter (if available)	

SECTION G: PAYMENT OF APPLICATION FEE

Please provide details of your payment of the non-refundable Application Fee of ₦50,000. Attach proof of payment.

Payment Date (DD/MM/YYYY):

Bank Name:

Transaction Reference/Teller Number:

Amount Paid (₦) | 50,000

Please attach proof of payment (e.g., copy of bank teller or transfer confirmation). |

[Checkbox to confirm attachment] |

SECTION H: DECLARATION

I hereby declare that the information provided in this application form and all attached documents are true and accurate to the best of my knowledge. I understand that any misrepresentation or omission may lead to the disqualification of my application. I have read and understood the Guidelines for Fellowship Upgrade and agree to abide by them.

Applicant's Full Name:

Applicant's Signature:

Date (DD/MM/YYYY):

SUBMISSION INSTRUCTIONS:

Please submit the completed Application Form and all supporting documents via [Specify Mode of Submission - e.g., email as a single PDF file to: fellowshipupgrade@ismn.org.ng OR in a sealed envelope clearly marked "FELLOWSHIP UPGRADE APPLICATION" and addressed to: The Registrar, Institute of Strategic Management of Nigeria, [Insert ISMN Physical Address]].

APPLICATION DEADLINE: FRIDAY, MAY 30, 2025

FOR OFFICIAL USE ONLY

Field	Information
Date Received	(DD/MM/YYYY)
Received By (Name/Initials)	
Initial Screening Status	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete (Reason: _____)
Credentials Review Status	<input type="checkbox"/> Meets Criteria <input type="checkbox"/> Does Not Meet Criteria (Reason: _____)
Recommendation to BoF	<input type="checkbox"/> Recommend <input type="checkbox"/> Do Not Recommend (Reason: _____)
BoF Decision	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved (Reason: _____)
Date Notified Applicant	(DD/MM/YYYY)
Upgrade Fee Payment Status	<input type="checkbox"/> Paid <input type="checkbox"/> Not Paid
Date Fellowship Conferred	(DD/MM/YYYY)
Remarks	

Export to Sheets

Reviewer's Name & Signature:

Date: