



*International Purchasing and  
Supply Chain Management Institute*

**Admission Application**

**ADMISSIONS OFFICE**

16192 Coastal Highways,  
Lewes, Delaware, 19958  
Tel: (302) 570-0886  
Fax: (415) 651-8884  
E-Mail: [admin@ipscmi.org](mailto:admin@ipscmi.org)  
Web Site: [www.ipscmi.org](http://www.ipscmi.org)

**INSTRUCTIONS**

Please provide the information requested. You may submit this application by email or by fax. Admission is granted without regard to race, gender, handicap or nationality.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Fax No.: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Birthplace: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year Sex: ☐ Male ☐ Female

Planned Program Start Date: \_\_\_\_\_

Objective ☐ CISCMI ☐ CISM ☐ CIPP/CIPM/CIPC ☐ CPP/CPPM ☐ CICCMI ☐ Other (Name): \_\_\_\_\_

**EDUCATIONAL INSTITUTIONS ATTENDED**

List in order, (first to last) all educational institutions you have attended or are now attending. Begin with elementary school, Junior high school, Senior high, College or University; give exact dates of attendance, and the name of each degree/diploma/certificate awarded in English.

Name of Institution	City & Country	Dates of Attendance From To	Name of Certificate or Degree Awarded
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		—	
		—	
		—	
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I hereby certify that all statements made hereon are true and correct to the best of my knowledge and authorize the verification of all statements herein recorded by the International Purchasing and Supply Chain Management Institute in processing my application.

Applicant's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_