

German Jordanian University  
School of Management and Logistic Sciences  
Department of Logistics Sciences

## Application Form European Logistics Association cELog Level 6 Certificate

**1. Name (as in Passport):**

	First Name / الاسم الأول	Father Name / الأب	Grandfather Name / الجد	Last Name / العائلة
English				
عربي				

**2. Student ID:**

**3. Date of Birth:**

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

**4. Place of Birth:**

City	Country
<input type="text"/>	<input type="text"/>

**5. Gender:**

Male	<input type="text"/>	Female	<input type="text"/>
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**6. Nationality:**

**7. Graduation Date:**

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

**8. Graduation Semester:**

**9. E-mail Address:**

**10. Mobile Number:**

**11. Current Employer:**

**12. Current Position:**

**13. Attachments:**

Certificate, Photocopy	Transcript, Photocopy	Passport, Photocopy	Financial Receipt
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As a holder of MSc. in Logistic Management from the German Jordanian University, I hereby apply to the ELA cELog level 6 certificate. I declare that all information provided above are true and complete.

Date

Signature