

- d. Date of Birth

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- e. Place of Birth Nationality
- f. Hometown..... Region..... Country.....
- g. Marital Status: Single Married
- h. Religion..... Permanent Home Address (Residence).....
.....
- i. Communicating Address:
Address to which communication in connection with this application should be sent
(1) Postal Address.....
(2) Tel. No..... (3) E-mail
- j. Physical Ability:
Are you physically challenged or do you suffer any form of handicap?
Yes/No. If Yes, please specify.....

2. MODE OF APPLICATION (Please Tick)

- a. WASSE /SSSCE
- b. GCE 'O' Levels
- c. GCE 'A' Levels
- d. Higher National Diploma (HND)
- e. Other (Please specify).....

3 EXAMINATION DETAILS

- a. Attempts at WASSE/SSSCE, and GCE 'O' Level

Level	WASSE			SSSCE			GCE 'O' Level		
	1 st	2 nd	3 rd	1 st	2 nd	3 rd	1 st	2 nd	3 rd
Attempt (tick)									
Month									
Year									
1 st Index No.									
2 nd Index No.									
3 rd Index No.									

b. **WASSE/SSSCE/GCE 'O' LEVEL**

Indicate WASSE/SSSCE/ GCE 'O' LEVEL grades obtained in each attempt in the respective columns.

SUBJECTS	GRADES		
	1 st Attempt	2 nd Attempt	3 rd Attempt

c. **GCE 'A' Level /HND**

Indicate GCE 'A' level grades obtained in each attempt in the respective columns

SUBJECTS	GRADES		
	1 st Attempt	2 nd Attempt	3 rd Attempt

d. **Other Equivalent Qualifications**

(Specify)

Indicate grades obtained in examination in each attempt in the respective columns

SUBJECTS	GRADES		
	1 st Attempt	2 nd Attempt	3 rd Attempt

Note

Add copies of certificates and result slips.

4 COURSE PREFERENCE

Refer to courses listed below and indicate preference for the course you wish to be admitted into:
Please Tick

- i. Chartered Institute of Marketing (CIM-UK) Level:
- ii. Institute of Chartered Accountants (ICA Ghana) Level:
- iii. Association of Certified Chartered Accountants (ACCA) Level:

SUBJECTS TO BE TAKEN

a)	b)
c)	d)
e)	f)

5 EMPLOYMENT

Full particulars of past and present employment with dates (if any)

Institution	Position	Dates

6 SOURCE OF FINANCE

Indicate how you will finance your study at the College (Tick appropriate box)

- a. Self b. Guardian
- c. Corporate Sponsorship d. Other Specify

Note:

- Fees are to be paid in full on registration at the beginning of every semester.
- Fees paid are non-refundable.

7 PARTICULARS OF PARENT/GUARDIAN

- a. Name of Parent/Guardian.....
- b. Relationship to Parent/Guardian.....
- c. Occupation of Parent/Guardian.....
- d. Address of Parent/Guardian
 - (1) Postal Address.....

(2) Tel. No..... (3) E-mail.....

8 PARTICULARS OF CORPORATE OR OTHER SPONSOR

a. Name of Corporate or Other Sponsor.....

b. Address of Sponsor

.....

(1) Postal Address

.....

(2) Tel. No..... (3) E-mail.....

9 EDUCATION DETAILS

Indicate details of school(s) attended.

School/Institute	Attendance Dates		Offices held and athletic or other activities at school (if any)
	From	To	

10 PREVIOUS ADMISSION DETAILS

If you have ever been admitted to this College, you must supply the following information:

Year of Admission	Course of Study	Last Year in College	Reasons for leaving

11 STUDY OPTIONS

OPTION	DAYS	TIME	TICK
Day	Monday – Friday	7:00 am – 7:30 pm	
Weekend	Friday	5:30 pm – 8:30 pm	
	Saturday	8:30 am – 4:00 pm	
	Sunday	1:30 pm – 4:30 pm	

12 APPLICANT’S SIGNATURE

Signature of applicant:..... Date:.....

13 DECLARATION

This declaration should be signed by someone of high repute who should also endorse one of the passport-sized photographs on the reverse side. The application will not be valid if this declaration is not signed.

I certify that the photograph endorsed by me is the true likeness of the applicant

Mr/Ms/Mrs..... who is personally known to me.

Signature.....

Name.....

Occupation.....

Address.....

IMPORTANT

AN APPLICANT WHO MAKES A FALSE STATEMENT OR WITHHOLDS RELEVANT INFORMATION MAY BE REFUSED ADMISSION. IF HE/SHE HAS ALREADY COME INTO THE COLLEGE, HE/SHE MAY BE ASKED TO WITHDRAW.

FOR OFFICE USE ONLY	
Application Fee.....	Qualification vetted by
Receipt No..... Date.....