



CENTRAL COLLEGE OF SCIENCE AND TECHNOLOGY

P.O.Box SW 834, Agona Swedru Tel:0332095776/0551528184
Website:www.centralcollegegh.com Email:info@centralcollegegh.com

ADMISSION FORM

Admission Form No:.....

Affix passport size
photograph here

Applicants are required to submit:

- i. Three (3) certified true copies of all certificates and/or transcripts (if any).
- ii. Three (3) passport size photographs. One of the passport size pictures should be fixed on the admission form and the remaining two together with the completed forms be posted to the College.
- iii. A copy of ID card. (National ID, Health Insurance, Driving License, Passport, Voter ID, etc).

1.PERSONAL INFORMATION

Mr./Mrs.	Surname:	Middle Name(if any)	First Name
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		Date of Birth (dd-mm-yyyy)	
Nationality		Languages Spoken	

2.CONTACT ADDRESS

Residential Address:		
City/Town:	Region:	Country:
Postal Address		
Telephone:	Email	
Hometown	Region	

3. Admission Status

Regular Mature

If Matured, indicate your age: (Note: Mature applicant should be at least 25 years. You must attach a copy of your birth certificate to the completed forms at the time of application.)

4. Preferred Programme of Study:(eg. Registered General Nursing ,Registered Midwifery,Medical Laboratory Technology)

First Choice:

Second Choice

Mode of Study	Regular <input type="checkbox"/>	Evening <input type="checkbox"/>	Weekend <input type="checkbox"/>	Sandwich <input type="checkbox"/>
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5.0 List all academic institutions attended and the certificate awarded

Name of Institution	Location	From (dd-mm-yyyy)	Certificate Awarded
1.			
2.			
3.			
4.			

5. Education and Training

5.1 Give details of your WASSCE/SSSCE

	First Sitting	Second Sitting	Third Sitting
Index Number			
Month			
Year			
Subjects	Grade		
	First Sitting	Second Sitting	Third Sitting
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

6. Parent/Guardian

Name of Parent/Guardian:

Address:

Telephone:

Email Address:

Relationship to Applicant:

7. Declaration by Applicant

I have answered the above questions as fully and as honestly as possible and hereby apply for entry into Central College of Science and Technology. I have read and agreed to the Central College values, and wish to be considered for admission to the course chosen/indicated in this application form.

I declare that the information supplied in this application are correct and complete.

I acknowledge that the provision of false or misleading information may result in the cancellation of this application and/or withdrawal of any offer and/or enrolment with immediate expulsion from the University College.

I authorize the College to verify any information provided by me.

I authorize the College to obtain, where necessary, from any other educational institution including external examining board, evidence of my academic record or to seek other corroborating evidence with respect to my application.

I understand that this application shall be the property of Central College

NB: Your application may be rejected if you do not provide true and complete information in connection with your application for admission, or if you make any changes to the above declaration and authority. This application form is for entry into Central College of Science and Technology

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

Full Name of applicant:

8. Endorsement by Parent/Guardian

Name of Parent:.....Date.....

Signature of Parent/Guardian.....