



Choice Of Session: Regular Morning Evening Weekend

SECTION A PERSONAL DETAILS

Surname:				First Name:			
Other Name:				Title:			
Date of Birth:						Nationality	
Place of Birth:				Marital Status:			
Permanent Address:				Affix 2 Passport Photograph here. <i>Please write your name on proposed programme at the back of the photographs</i>			
Current Mailing Address (If different from above):							
Telephone number:			Email Address:				
Country of current residence:				Physical Disability: Yes: <input type="checkbox"/>		No: <input type="checkbox"/>	

Valid/Correct e-mail address and telephone number are necessary for reply and communication

SECTION B PROGRAMME OF STUDY

Graduate Programme of Choice

Please indicate in order of preference your proposed programme of study (refer to SECTION K for list of programmes)

CHOICE	
Ist. Choice	
2nd. Choice	
3rd. Choice	

When do you intend to enrol? August 20 or January 20

Lecture Sessions: Morning [] Evening [] Weekend [] **Choice of Residence:** Resident [] Non-Resident []

SECTION C EDUCATIONAL AND QUALIFICATION

Please attached certified copies of your results slips and certificates.

Institution / College / University	Dates		Qualification	Date Obtained
	From	To		

FOREIGN APPLICANTS

Name of Certificate(s):

Awarding Body:

Year Obtained:

SECTION D

DETAILS OF GUARDIAN / SPONSOR

Title: Mr. Mrs. Miss Prof. Dr. Rev.

Permanent Address:

Name:

Relationship to Application:

Tel:

Mobile:

Occupation:

Email:

SECTION E

RELIGIOUS AFFILIATION

Christian Moslem if other specify:

If Christian Specify denomination:

SECTION F

DOCUMENTS TO BE ATTACHED

The completed form must be returned with:

Two recent passport sized photographs certified by the witness

Certified/ Original Academic Transcript (*applicable to First Degree Holders*)

Certified copies of all relevant certificates by awarding institutions

Attach the following documents (*Foreign Applicants only*)

Photostat copies of your resident permit (*if resident in Ghana*)

Photostat copies of passport

SECTION G

Where did you hear about this University College? (*Please tick where appropriate*)

i. Advertisement: (a) Radio (b) Television (c) National Newspapers

ii. University College Website iii. A Past Student iv. Any other;..... (please specify)

SECTION H

DECLARATION BY APPLICANT

I do solemnly declare that the information provided by me on this form is true, accurate and should the information be found to be false, I would be denied admission or withdrawn from the University College.

Signature of Applicant: Date:.....

SECTION I

ENDORSEMENT BY WITNESS (*refer to next page for qualification of witness*)

Name:

Address:

E-mail:

Tel. No.:

Signature and Stamp

Date:

QUALIFICATION OF WITNESS

This must be a person of high repute who has known the applicant for not less than three years.
One of the following witnesses is acceptable:
*Lawyer
*Senior Civil Servant
*The Head of an Educational Institute (Senior High School, College of Education, Polytechnic, University).
*University Lecturer
*Medical Doctor
He/ She should endorse the applicant's photographs and certified copies of all relevant certificates.

SECTION J **SUBMISSION OF APPLICATION FORMS**

The completed application form must be returned with all the necessary documents mentioned in **SECTION G** to:
The Registrar
Christian Service University College, P. O. Box ks 3110, Kumasi.
Tel: 03220-28781 / 0501500300 e-mail: info@csuc.edu.gh website: www.csuc.edu.gh
For further Enquiries applicants may contact the University on the following Telephone numbers;
Information Desk: 03220-28781 / 39258 / 39303.

SECTION K **ACADEMIC PROGRAMMES**

- MSc. ACCOUNTING AND FINANCE (1year)
- MA CHRISTIAN MINISTRY WITH MANAGEMENT (1year)
- MSc. MONITORING AND EVALUATION(1year)
- MSc. CORPORATE PLANNING (1year)

NB: Applicants should note that they are also supposed to use the attached scratch card to fill the online form by following the instructions at the back of the card.