



**CHRISTIAN SERVICE UNIVERSITY COLLEGE**  
**P. O. BOX 3110 KUMASI**

**SHORT COURSES REGISTRATION FORM**

Photograph

MOBILE CONTACT 0504228334

Amount paid GHC ..... Indicate where you paid: A. Accounts Office at the University /  
B. Ecobank Account Number 0213094402633501 (**Important:** When you complete this form,  
scan and send it together with your receipt of payment to [dksarb@gmail.com](mailto:dksarb@gmail.com))

**Complete ALL parts of this form in BLOCK letters**

**A. PERSONAL INFORMATION**

- (1) Surname: ..... First Name: .....  
Other Names: ..... Sex: Male [ ] Female [ ]  
Title: Dr/Rev./Mr/Mrs/Ms/Other (specify).....  
(2) Occupation (Name of Workplace) .....  
Rank at Workplace/Job Description) .....  
Workplace Location: .....  
(3) Personal Address: .....  
Telephone Number: ..... Email: .....

**B. HIGHEST EDUCATIONAL LEVEL (e.g. WASSCE/Diploma/HND/Degree, etc.)**

| Name of Degree/Diploma/Certificate | Year Obtained | Awarding Body/Institution |
|------------------------------------|---------------|---------------------------|
| .....                              | .....         | .....                     |

**C. CHOICE OF COURSE (Tick your choice)**

**General Courses**

- i. Project Management and Project Leadership [ ]
- ii. Graphic Design (Corel Draw & Photoshop) [ ]
- iii. Robotics [ ]
- iv. Mobile Applications Development [ ]
- v. Brand Positioning [ ]
- vi. Business Leadership Strategy [ ]

**Security and Law Enforcement Studies**

- i. Counter-terrorism, Human & Drug Trafficking, and Transparency [ ]
- ii. Prosecution [ ]
- iii. Crime Scene and Forensic Analysis [ ]
- iv. Intelligence Analysis [ ]
- v. Investigation and Procedures [ ]
- vi. Organisational Security Management [ ]

**D. DECLARATION**

I declare that the above information is true, and I accept that any false representation shall invalidate my registration.

Signature of Participant: ..... Date: .....