



CHRISTIAN SERVICE UNIVERSITY COLLEGE
P. O. BOX 3110 KUMASI

SHORT COURSES REGISTRATION FORM

MOBILE CONTACT 0504228334

Photograph

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

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

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: