19 CSUC 74

CHRISTIAN SERVICE UNIVERSITY COLLEGE KUMASI - GHANA

ENTRANCE COURSE FOR MATURE CANDIDATES INTO DEGREE PROGRAMMES FOR.......ACADEMIC YEAR

Affix photos here

APPLICATION FORM

THIS FORM IS NOT FOR SALE

Applicants should note the following:

- ❖ Applicants should be **25** *years old* and above and must show *evidence of age* before application is made.
- ❖ The completed application form must be returned together with:
 - Two recent passport sized photographs of the applicant.
 - Certified copies of results slips, certificates and other relevant documents (if any).
 - A certified copy of a proof of age e.g. birth certificate, driver's license, baptismal certificate, National ID card etc. issued for the last 3 years ID (bring along original for inspection).
 - Introductory/recommendation letter from employer or a letter of employment
- ❖ Any applicant who makes a false statement on this form will be refused admission.
- For, January Admissions, Regular Sessions may not run for some programmes.

A. PERSONAL INFORMATION OF APPLICANT

1)	Surname: Rev. /Mr. / Mrs. / Miss	(As on certificates)				
2)	First Name:Oth	her Name(s):				
3)	Postal Address:					
4)	E-mail:	Tel. No:				
5)	Permanent Home Address (if different from above):					
6)	6) Gender: Male [] Female []					
7)	Marital Status: Married [] Single []	Divorced [] Widowed []				
8)	Nationality:	10) Place of Birth:				
9)	Date of Birth:	11) Home Town:				
12) Religion and Denomination:					
13) Physical Disability Yes [] No []	If yes, please specify				
14	Present Occupation:					
15	Current Place of Work					
16	6) Address (Current Work Place)					

B.	DEGRE	WHERE APPROPRIATE)			
	1. Back	aelor of Business Admini	stration	[]	
	 Bachelor of Arts in Communication Studies Bachelor of Arts in Planning and Social Development 		nication Studies	[] []	
			and Social Development		
	4. Bachelor of Arts in Theology with Administration		with Administration	[]	
	5. Bachelor of Science in Information Technology (I.T)			[]	
C. WHEN DO YOU WANT TO ENROLL?					
	 Janu Sept 	ary ember	[] []		
D.	CHOO 1. Reg	SE YOUR SESSION	[]		
	2. Eve	ning	[]		
	3. We	ekend	[]		
	DATE	•••••••••••			
1	l. SUBM	d he submitted to:			
		The completed application form should be submitted to: The Registrar,			
		Chi	ristian Service University	College,	

P.O. Box KS 3110, Kumasi.

Tel: 03220-28781/0501500300/0501500302

E-mail: info@csuc.edu.gh