



PENTECOST UNIVERSITY COLLEGE

APPLICATION FOR CERTIFICATE IN BUSINESS ADMINISTRATION (CBA) ADMISSION

*Affix with glue
one of the two
endorsed
photographs here
and clip the other
on the form*

N^o

FORM NO:

PROGRAMME APPLIED FOR

(Please tick where appropriate)

LEVEL APPLIED FOR	Certificate <input type="checkbox"/>	Diploma I <input type="checkbox"/>	Diploma II <input type="checkbox"/>	Advance Diploma <input type="checkbox"/>	Postgraduate Diploma <input type="checkbox"/>
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STUDENT INFORMATION

NAME (In Capitals)	SURNAME	TITLE	MR. <input type="checkbox"/>	MRS. <input type="checkbox"/>	MS. <input type="checkbox"/>	DR. <input type="checkbox"/>	REV. <input type="checkbox"/>
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FIRST NAME	OTHER NAME(S)
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Names must correspond exactly with those used for all examinations taken. Provide legal proof of any change in name

DATE OF BIRTH	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	PLACE OF BIRTH	<input type="text"/>	GENDER	<input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE
	D D M M Y Y Y Y					

NATIONALITY	HOME TOWN
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REGION OF HOME TOWN	RELIGION
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MARITAL STATUS SINGLE MARRIED DIVORCED

ADDRESS TO WHICH COMMUNICATION IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT

TELEPHONE NO.	E-MAIL ADDRESS
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PERMANENT HOME ADDRESS (IF DIFFERENT FROM ABOVE)

<input type="text"/>	TELEPHONE NO.
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NAME OF PARENT/GUARDIAN/SPONSOR

OCCUPATION OF PARENT/GUARDIAN/SPONSOR	TELEPHONE NO.
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ARE YOU PHYSICALLY CHALLENGED OR DO YOU SUFFER ANY FORM OF CHALLENGE? YES NO

IF YES PLEASE SPECIFY

ARE YOU CURRENTLY IN EMPLOYMENT? YES NO

IF YES:

INDICATE TYPE/NATURE OF EMPLOYMENT

NAME AND ADDRESS OF EMPLOYER

G.C.E. "O" LEVEL / "A" LEVEL	1ST SITTING		2ND SITTING		3RD SITTING	
INDEX NUMBER	G.C.E. "O" LEVEL	G.C.E. "A" LEVEL	G.C.E. "O" LEVEL	G.C.E. "A" LEVEL	G.C.E. "O" LEVEL	G.C.E. "A" LEVEL
YEAR						
MONTH						
ENGLISH LANGUAGE						
MODERN MATHS						
OTHER SUBJECTS:						

OTHER(S) SPECIFY EXAM/EXAMINATION BODY	1ST SITTING	2ND SITTING	3RD SITTING
INDEX NUMBER			
YEAR			
MONTH			
GENERAL PAPER			

REFERENCE			
NAME	POSITION	PERIOD YOU HAVE KNOWN THIS APPLICANT	COMMENT ON CANDIDATE'S ABILITY TO PURSUE THIS PROGRAMME

PROGRAMME SPONSORSHIP

TICK THE APPROPRIATE BOX TO INDICATE HOW YOU WOULD FINANCE YOUR STUDY AT THE UNIVERSITY

SELF	<input type="checkbox"/>
PARENT/GUARDIAN	<input type="checkbox"/>
EMPLOYER	<input type="checkbox"/>
OTHER (PLEASE SPECIFY)	<input type="checkbox"/>

DECLARATION

I.....DECLARE THAT

ALL THE PARTICULARS FURNISHED BY ME ON THIS APPLICATION FORM ARE GENUINE AND REFLECT MY TRUE RECORDS

DATE SIGNATURE

NOTE

AN APPLICANT WHO MAKES A FALSE DECLARATION OR WITHOLDS RELEVANT INFORMATION MAY BE REFUSED ADMISSION. IF HE//SHE HAS ALREADY ENROLLD IN THE UNIVERSITY, HE/SHE WOULD BE ASKED TO WITHDRAW

NOTE

**Candidates are required to send completed forms with the following enclosurers to:
The ABE Co-ordinate, Pentecost University College, P. O. Box KN 1739, Kaneshie - Accra**

- 1. CERTIFIED PHOTOCOPIES OF RESULT SLIPS OR CERTIFICATES
- 1. ONE SELF-ADDRESSED EMS/FEDEX ENVELOPE
- 3. TWO RECENT PASSPORT-SIZE PHOTOGRAPHS (ONE OF THE PHOTOGRAPHS SHOULD BE ENDORSED BY A MINISTER OF RELIGION, A SENIOR PUBLIC SERVANT OR A LEGAL PRACTITIONER)

FOR OFFICE USE ONLY

NAME		SIGNATURE	
AMOUNT	GH¢	DATE	