KESSBEN COLLEGE

APPLICATION FORM FOR ADMISSION TO FIRST DEGREE PROGRAMME TO BE COMPLETED AND RETURNED TO:

THE REGISTRAR
KESSBEN COLLEGE, KUNTANASE –
P. O. BOX 16710, ADUM-KUMASI
Email: registrar@kc.edu.gh or info@kc.edu.gh

INSTRUCTIONS ON HOW TO FILL THE APPLICATION FORM

i. Cost of Application Form

Application fee of GH¢50.00 Applicants outside Ghana and Non-Ghanaians are required to pay US $50.00 or its equivalent in International Money Order.

ii. Result slips/Certificates/Transcripts

Certified photocopies of result slips and/or certificates/transcripts should be attached to this form. Original result slips or certificates must be presented for verification at registration.

iii. Photographs

Two recent passport–size photographs should be attached to this form. (One of the photographs should be endorsed). Names should be written on back of the other photograph).

iii. Corroborative Declaration:

This portion of the form should be signed by someone of high repute, and who knows the Applicant personally. He/she should endorse one of the Applicant’s photographs.

For further inquiries, please call: +233 (0) 322 – 397850 / 397851 / 397852/0501 63 73 83
A. PERSONAL DETAILS:

(Mr./Mrs./Miss/Other.....................) Please circle appropriate title.

1. Surname: ..............................................................................................................................................................................

2. First name: ...........................................................................................................................................................................

3. Other name(s): .......................................................................................................................................................................

4a. Date of Birth:.................................................................................................................. 4b. Sex: Male □ Female □

          Day     Month      Year

5a. Nationality: ................................................................. 5b. Place of Birth:.................................................................

6a. Hometown:................................................................. 6b. Region/State.................................................................

B. ADDRESS

7. Postal Address:......................................................................................................................................................................

8. Residential Address:...............................................................................................................................................................

9a. Mobile Phone Number(s):................................................................. E-mail:.................................................................
10a. EDUCATION

Senior High School(s)/Senior Secondary School(s) Attended with dates:

<table>
<thead>
<tr>
<th>Name of School &amp; Location</th>
<th>From</th>
<th>To</th>
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10b. Mode of Application (tick)

- SSSCE
- WASSCE
- GBCE
- Mature
- Other (Specify)

11a. EXAMINATION DETAILS

<table>
<thead>
<tr>
<th>Particulars</th>
<th>1st Sitting</th>
<th>2nd Sitting</th>
<th>3rd Sitting</th>
<th>4th Sitting</th>
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<tbody>
<tr>
<td>Month &amp; Year</td>
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<tr>
<td>Exam Index No.</td>
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<tr>
<td>Examination Centre</td>
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<td>Type of Exam/Board</td>
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11b. GRADE DETAILS:

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<tr>
<th>Title of Subjects</th>
<th>Examination Results (Grades) for both Core and Elective Subjects</th>
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<tr>
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<td>1st Sitting</td>
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<tr>
<td>CORE:</td>
<td></td>
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<tr>
<td>English</td>
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<tr>
<td>Mathematics</td>
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<tr>
<td>Integrated Science</td>
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<td>Social Studies</td>
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<td>ELECTIVES</td>
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</table>
C. PARTICULARS OF PARENT(S)/GUARDIAN(S)/CARETAKER(S)

1. Name: ..........................................................................................................................................

2. Postal Address: ................................................................................................................................

3. Occupation: ......................................................................................................................................

4. Tel. No.: ............................................................................................................................................ E-mail: ..............................................................................................................................................

5. Relationship to the Applicant: ............................................................................................................... ...

D. CHOICE OF PROGRAMME OF STUDY:

Please refer to the codes listed below and indicate preferences for the Degree Programme(s) for which you wish to be admitted.

01 B.Sc. Business Administration
   a. (Accounting option)
   b. (Banking and Finance option)
   c. (Marketing option)
   d. (Human Resource Management option)

02 B.Sc. (Mathematics)

03 B. Sc. (Information and Communication Technology)

04 B.A. (English)

Indicate programme preferences by placing the appropriate code(s) in the boxes provided below:

1\textsuperscript{st} Choice  
2\textsuperscript{nd} Choice  
3\textsuperscript{rd} Choice  

E. PAST AND PRESENT EMPLOYMENT RECORDS (If applicable)

<table>
<thead>
<tr>
<th>Institution</th>
<th>Position</th>
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F. FINANCING OF UNIVERSITY STUDY (Please tick as appropriate):

1. Student Loan Trust [ ]
2. Study Leave [ ]
3. Self Financing [ ]
4. Other (Specify)……………………………

G. PREVIOUS ATTENDANCE AT A TERTIARY INSTITUTION:

i. Have you ever enrolled in a tertiary institution? YES [ ] NO [ ] if YES answer the following:

ii. Name of the Institution..................................................................................................................

iii. Your name on your registration form..........................................................................................

iv. Year of Admission........................................... (v) Hall of Residence (if applicable)..........................

v. Course/Programme of study.......................................................................................................... 

vi. Last year of study..........................................................................................................................

vii. Reason(s) for leaving the Institution...........................................................................................

H. DECLARATION BY APPLICANT:

I hereby declare that the information provided by me is true and correct, and that I should be denied admission, and/or withdrawn from Kessben College if the information is found to be false.

1. Signature of Applicant ..............................................................Date ...........................................

2. Name and Address of Corroborator ............................................................................................ Contact No.:...........................................................

3. Signature of Corroborator ..............................................................Date.........................................

Note: All copies of documents submitted in connection with this application become the property of this Kessben College.

How did you hear of us?(Tick): TV [ ] Radio [ ] Student/Staff of KC [ ] Newspaper [ ] MOGPA [ ] Other (Specify).................................

For Official Use Only

Application Fee:.............................................................. Receipt No.:..............................................................