



# KESBEN (UNIVERSITY) COLLEGE,

APPLICATION FORM FOR ADMISSION TO CERTIFICATE PROGRAMMES TO BE COMPLETED AND RETURNED TO THE REGISTRAR, KESBEN UNIVERSITY COLLEGE, ADUM - KUMASI – P. O. BOX 16710, ADUM-KUMASI OR ASEDA HOUSE, ADUM-KUMASI

Affix Passport  
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470 X 470  
Pixels

## 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.....

7a. Mobile Phone Number(s):..... 7b. E-mail.....

## B. IN CASE OF EMEERGENCY CONTACT:

1. Name:.....

2. Tel. No.:..... 3. Relationship to the Applicant:.....

**C. CHOICE OF CERTIFICATE PROGRAMME (please tick or write):**

- a) Certificate in Computer Literacy
- b) Certificate in Digital Marketing
- c) Certificate in Web Design and Development
- d) Certificate in Cyber Security
- e) Certificate in Media and Communication
  
- f) ..... (other specify)

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hereby declare that the information provided by me is true and correct, and that I should be denied admission, and/or withdrawn from Kessben College if the information is found to be false.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

**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.:..... Date:.....**

**Signature:.....**