



KESBEN (UNIVERSITY) COLLEGE, KUNTANASE

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

THE REGISTRAR
KESBEN (UNIVERSITY) 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¢100.00 Applicants outside Ghana and Non-Ghanaians are required to pay US \$50.00 or its equivalent in International Money Order. Application fee paid is non-refundable.

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.

ii. **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) 501 63 73 83 / (0) 264 17 04 68**



KESBEN (UNIVERSITY) COLLEGE, KUNTANASE

APPLICATION FORM FOR ADMISSION TO **FIRST DEGREE PROGRAMME** TO BE COMPLETED AND RETURNED TO THE REGISTRAR, KESBEN COLLEGE, KUNTANASE - P. O. BOX 16710, ADUM-KUMASI OR COLLEGE OFFICE, ASEDA HOUSE, ADUM-KUMASI

Affix Passport
Photograph here

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.....

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:

Name of School & Location	From	To

10b. Mode of Application (tick)

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

11a. EXAMINATION DETAILS

Particulars	1 st Sitting	2 nd Sitting	3 rd Sitting	4 th Sitting
Month & Year				
Exam Index No.				
Examination Centre				
Type of Exam/Board				

11b. GRADE DETAILS:

Title of Subjects	Examination Results (Grades) for both Core and Elective Subjects			
	1 st Sitting	2 nd Sitting	3 rd Sitting	4 th Sitting
CORE:				
English				
Mathematics				
Integrated Science				
Social Studies				
ELECTIVES				

NB: Include photocopies of certificates, result slips and other relevant documents

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. (Information and Communication Technology

03. B.A. Media and Communication

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

1st Choice 2nd Choice 3rd Choice

E. PAST AND PRESENT EMPLOYMENT RECORDS (If applicable)

Institution	Position	Date(s)

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 ApplicantDate

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.:.....

Date:..... Signature:.....