



CHRISTIAN SERVICE UNIVERSITY
KUMASI - GHANA

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

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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:.....Other Name(s):
- 3) Postal Address:.....
- 4) E-mail:..... Tel. No:.....
- 5) Permanent Home Address (if different from above):.....
- 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) Address (Current Work Place)

B. DEGREE PROGRAMMES OF INTEREST (TICK [√] WHERE APPROPRIATE)

1. *Bachelor of Business Administration* []
2. *Bachelor of Arts in Communication Studies* []
3. *Bachelor of Arts in Planning and Social Development* []
4. *Bachelor of Arts in Theology with Administration* []
5. *Bachelor of Science in Information Technology (I.T)* []

C. WHEN DO YOU WANT TO ENROLL?

1. *January* []
2. *September* []

D. CHOOSE YOUR SESSION

1. *Regular* []
2. *Evening* []
3. *Weekend* []

SIGNATURE OF CANDIDATE.....DATE.....

1. SUBMISSION OF APPLICATION FORM:

The completed application form should be submitted to:

**The Registrar,
Christian Service University,
P.O. Box KS 3110,
Kumasi.**

Tel: 03220-28781/0501500300/0501500302

E-mail: info@csuc.edu.gh