

CAPE COAST TECHNICAL UNIVERSITY

APPLICATION FOR ADMISSION FORM



No 0001

Affix
Passport
Picture

Tick The Appropriate Box

(a). B-Tech (b). HND (c). Non-Tertiary

Applicants are requested to send two (2) completed forms to the office of the Registrar to reach him not later than.....with

- a. Four [4] recent passport-size photographs.
- b. Endorse on the reverse side of [1] copy.
- c. Write at the back of the remaining 3 copies your name and programme applied for.
- d. Affix one copy to each Application Form

Tick the box applicable [a] Direct Applicant [b] Mature Applicant

Any applicant who provides false information on the Forms will be refused admission, or if he/she has already been admitted will be withdrawn from the university.

(PLEASE COMPLETE IN BLOCK LETTERS)

1. Programme Applied for:

1st Choice:
2nd Choice:

2. Personal Details of Applicant:

- i. Surname: Mr/Mrs/Ms.....
- ii. Other name(s).....
[In full, not abbreviated and in the same other as in your certificate]
- iii. Permanent Postal Address
..... Email Address [if any]
- iv. Date of Birth.....
- v. Nationality.....
- vi. Place of Birth..... District.....
- vii. Home/Town..... Region/District.....

3. Particulars of Parent/Guardian:

- i. Parent's/ Guardian's Name.....
Relationship:
- ii. Address of Parent/Guardian:
- iii. Parent's/Guardian's occupation:

4. Educational Background

[a] Name(s) of Institution(s) Attended

- I.
- ii.
- iii.
- iv.

Date	
From	To
.....
.....
.....
.....

NB. Certified photocopies of all certificates and result slips awarded for these qualification must be enclosed with this Application Form.