



ENTREPRENEURSHIP TRAINING INSTITUTE

We set the standards in Entrepreneurship

AFFIX
PHOTOGRAPH



APPLICATION FOR UNDERGRADUATE AND DIPLOMA ADMISSION

Use ink and BLOCK letters when completing this form

1. PERSONAL DETAIL

(NAMES MUST CORRESPOND EXACTLY WITH THOSE USED FOR ALL EXAMINATIONS TAKEN, PROVIDE PROOF OF ANY CHANGE IN NAME).

Surname: Title (Rev./Mrs./Miss./Mr.).....

First name..... Other name(s)

Date of Birth Place of Birth Sex
dd mm yyyy M F

Nationality Home town

Marital status: Single [] Married [] Divorced []

Contact Address

..... Tel. No. E-mail

Name and Address of Parent/Guardian

.....

Occupation Tel. No.

Do you have any special need or required support as a result of any disability/medical condition? Yes [] No [] If yes, Please Specify.....

2. PROPOSED PROGRAMME OF STUDY

What programme do you wish to apply for? B.Sc. [] B.ED [] DIPLOMA []

Full title of proposed programme of study

3. ACADEMIC RECORDS

Please list the qualification with which you are applying, including grades you obtained in every examination you took. Attach WAEC scratch card (for SSSCE/WASSCE holders), transcripts and certified photocopies of all examination results you list below.

4. ENTRY QUALIFICATION

SSSCE [] WASSCE [] BACCALAUREATE'A' LEVEL [] PROFESSIONAL [] MATURE []

OTHER [] Please specify

Please list, with dates, all Secondary Schools, and Universities attended					
School/college	Qualification (E.g. SSSCE, WASSCE, "A" Level)	Subject	Dates Attended (Example: 2010-2013)		Grade/GPA (E.g. A1, C6,)
			From	To	

Give details of any professional or other qualification (Provide dates)

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.....
.....

5. EMPLOYMENT RECORDS (start from current)

Self Employed		
Place of Work	Duration	Position

Employment by a Company		
Place of Work	Duration	Position

6. ENGLISH REQUIREMENTS (International applicants only)

Is English your first language? Yes No

If English is not your first language, please provide prove of English Language qualification

.....

Was English the language of instruction for your previous study? Yes No

7. SPONSORSHIP

How do you intend to finance your study at the institute?

Self Parent/Guardian Employer Other specify

Name of Sponsor

Relationship to Candidate

Address

Occupation

Telephone

Day Evening Weekend

8. REFEREES (One Must Be Academic)

Please provide the Name, Address and Position of two referees

Name: Name:

Position: Position:

Address: Address:

Tel: Tel:

E-mail: E-mail:

Signature..... Signature.....

Please note that these referees will be contacted before admission is granted.

9. SOURCE OF INFORMATION ON ENTREPRENEURSHIP TRAINING INSTITUTE

How did you get to know about the Entrepreneurship Training Institute?

News Paper TV Radio Internet Edu Fair
Through a friend Other (Specify)

10. Will you be interested in Accommodation? YES NO

11. DECLARATION

I declare that all information provided by me on this Application Form are genuine and a true reflection of my records.

Date Signature

An applicant who makes a false declaration or withholds relevant information may be refused admission. Such candidate will be withdrawn if he or she is already admitted.

Candidates are required to complete two forms and return together with certified copies of transcript and/or certificates to:

The Registrar
Entrepreneurship Training Institute
Post Office Box AN 10476, Accra-North
Tel:+233 244 136 384
E-mail: info@eti.edu.gh website: www.eti.edu.gh

OFFICE USE ONLY

Amount Paid Receipt No. Date

This candidate was interviewed by

Signature

Fee Status: Ghanaian International

Registrars Approval

Signature Date