

Form A1



Please affix recent passport photo & ID

ADVANCED PROFESSIONAL COLLEGE

Institute of excellence for professional and vocational education and skills development

ADMISSION APPLICATION FORM

In their own interest applicants may please read our terms & conditions and fees refund policy before completing this form. Please write very clearly using ball pen. For details on our current courses, fees, durations, etc. please contact us via www.apcollege.net or info@apcollege.net or +233 24 581 0959/(0)50 442 8722.

Program Information

Name of Course Applying To Study or Exam to Sit:			
Have You Completed Requisite Courses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Desired Starting Date (MM/YYYY):	<input type="checkbox"/> I Want to Join a Class <input type="checkbox"/> I Prefer One-On-One Tuition		
Preferred Training Times:	<input type="checkbox"/> Mon - Fri (8am–5pm)	<input type="checkbox"/> Evenings: Mon - Fri (6–9 pm)	
	<input type="checkbox"/> Weekends (Fri Evening+ Sat)	<input type="checkbox"/> Indifferent	

Personal Information

Family Name:		Middle Name:		First Name:	
Birth Date (dd/mm/yyyy)		Nationality / Country of Birth		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Father's Details:	Name:	Phone Number / Address:		Occupation:	
Mother's Details	Name:	Phone Number / Email Address:		Occupation:	
Applicant's Photo ID (Passport, Drivers Licence, etc.)	Number: Attach a photocopy here.	Place of Issue (City/Region):	Issue Date:	Expiry Date:	

Mailing Address:

Street Name	Postal Code	City	Region / Country
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Permanent Address:

Street Name	Postal Code	City	Region / Country
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Telephone Number(s):	Mobile	Landline
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Email Address(es):

PROFESSIONAL QUALIFICATIONS/CERTIFICATIONS (Please use additional sheets if space is too small.)

Dates		Institution Providing the Training	Name of Qualification
From (mm/yy)	To (mm/yy)		

ACADEMIC QUALIFICATIONS (Please use additional sheets if space is too small.)

Dates		Institution Providing the Training	Name of Qualification
From (mm/yy)	To (mm/yy)		

MARKETING INFORMATION

How did you **first** hear about GICTRAC and its services please?

APPLICATION CHECKLIST (Your completed application should include the following):

<input type="checkbox"/> Completed Application Form	<input type="checkbox"/> Admission Processing Fee
<input type="checkbox"/> Copies of Certificates & Transcripts (If applicable)	<input type="checkbox"/> 1 Color passport photograph not older than 6 month

Declaration

I apply to your institution for admission to pursue further studies. If admitted as a student I will seek to know and comply with all the regulations, conditions and rules made by the organization. I confirm that the information given in this form is accurate, and agree to it being processed by APC for educational & training purposes in accordance with the Data Protection Act. I hereby also accept APC **Indemnity Policy**. I hereby agree that if I intentionally or accidentally destroy any APC facility then I shall be responsible for it. **I agree that any money once paid to APC or its partners is non-refundable.** I agree that I have a responsibility to make a reasonable effort to study in order to pass the course I enrol into in order to become an admirable professional.

Applicant's Signature Date.....

FOR OFFICE USE ONLY – APC (Advanced Professional College)

SUBMITTED DATE:	Is applicant qualified for admission?	Signature of GICTRAC Officer
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

NOTE: All fees should be paid into the **Ecobank KNUST branch account with number 0293 0244 4099 7301** and account name **Ghana ICT Research Institute (GICTRAC)**. **Admission fees must be paid before or on submission of this form.** Please contact us for the requisite account details if you are paying your fees in a currency other than Ghana cedis.