



Affix
a
passport-size
photograph
here

WASSCE REMEDIAL PROGRAMME

REGISTRATION FORM

Please fill this form IN BLOCK/CAPITAL LETTERS.

2. **DATE OF BIRTH** ____/____/____ **AGE:** ____ **SEX:** [] MALE [] FEMALE
DD MM YYYY

4. **RESIDENTIAL ADDRESS:** _____

5. **PHONE/WHATSAPP NO:** _____ **DIGITAL ADDRESS:** _____

6. EMAIL ADDRESS: _____

7. RELIGIOUS DENOMINATION: ☐ SDA ☐ OTHER

8. PREVIOUS SCHOOL: _____

9. SHS PROGRAMME: _____ **YEAR COMPLETED:** _____

[illegible]

11. ACCOMMODATION REQUIRED: ☐ YES ☐ NO

12. PROPOSED UNIVERSITY PROGRAMME:

13. PARENT/GUARDIAN NAME _____ **TEL:** _____

Declaration: I, _____ declare that the information I have provided is accurate. I have, therefore, supported this application with my **birth certificate** and **WASSCE Results for administrative purposes**. I pledge to abide by the rules and regulations of the University.

APPLICANT SIGNATURE: _____ **DATE:** _____