



Advanced Business College

(University College)

[Accredited by the National Accreditation Board (NAB) and Affiliated with University of Education, Winneba, (UEW), National Board for Professional and Technician Examination (NABPTEX), London Centre of Marketing (LCM), Association of Business Managers and Administrators (ABMA), Institute of Commercial Management (ICM) and Chartered Institute of Marketing (CIM)]

APPLICATION FORM FOR ADMISSION TO AN ICM PROGRAMME

IMPORTANT

Candidates are required to send two completed forms to:

The Registrar
Advanced Business College
P. O. Box GP 18640
Accra – Ghana

A completed form should be submitted to the Registrar with the following enclosures:

- i. Copy of Receipt for Application Form.
- ii. Photocopies of result slips and certificates.
- iii. One stamped self-addressed foolscap envelope
- iv. Two recent passport-sized photographs (One of the photographs should be endorsed by the same person who makes the declaration at the end of this application. Names should be written on the back of the remaining photograph.)

Affix the unendorsed passport-sized photograph here and clip the endorsed one on the second form

1. PERSONAL DETAILS

a. Name:

Surname

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Other Names

| | | | | | | | | | | | | | | | | | | | | | | |
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(Names must correspond exactly with those used for all examinations taken. Provide legal proof for any change in name)

b. Title: Mr./Mrs./Ms/Others

c. Sex (M-male, F-female)

- d. Date of Birth

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|--|--|--|--|--|--|--|--|--|--|
- e. Place of Birth Nationality
- f. Hometown..... Region..... Country.....
- j. Marital Status: Single Married
- k. Religion..... Permanent Home Address (Residence).....
.....
- m. Communicating Address:
Address to which communication in connection with this application should be sent
- (1) Postal Address.....
- (2) Tel. No..... (3) E-mail
- n. Physical Ability:
Are you physically challenged or do you suffer any form of handicap?
Yes/No. If Yes, please specify.....

2. MODE OF APPLICATION (Please Tick)

- a. WASSSE /SSSCE
- b. GCE 'O' Levels
- c. GCE 'A' Levels
- d. Higher National Diploma (HND)
- e. Other (Please specify).....

3 EXAMINATION DETAILS

- a. Attempts at WASSSE/SSSCE, and GCE 'O' Level

| Level | WASSSE | | | SSSCE | | | GCE 'O' Level | | |
|---------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| | 1 st | 2 nd | 3 rd | 1 st | 2 nd | 3 rd | 1 st | 2 nd | 3 rd |
| Attempt (tick) | | | | | | | | | |
| Month | | | | | | | | | |
| Year | | | | | | | | | |
| 1 st Index No. | | | | | | | | | |
| 2 nd Index No. | | | | | | | | | |
| 3 rd Index No. | | | | | | | | | |
| | | | | | | | | | |

b. WASSE/SSSCE/GCE 'O' LEVEL

Indicate WASSE/SSSCE/ GCE 'O' LEVEL grades obtained in each attempt in the respective columns.

| SUBJECTS | GRADES | | |
|----------|-------------------------|-------------------------|-------------------------|
| | 1 st Attempt | 2 nd Attempt | 3 rd Attempt |
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c. GCE 'A' Level /HND

Indicate GCE 'A' level grades obtained in each attempt in the respective columns

| SUBJECTS | GRADES | | |
|----------|-------------------------|-------------------------|-------------------------|
| | 1 st Attempt | 2 nd Attempt | 3 rd Attempt |
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d. Other Equivalent Qualifications

(Specify)

Indicate grades obtained in examination in each attempt in the respective columns

| SUBJECTS | GRADES | | |
|----------|-------------------------|-------------------------|-------------------------|
| | 1 st Attempt | 2 nd Attempt | 3 rd Attempt |
| | | | |
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Note

Add copies of certificates and result slips.

4 COURSE PREFERENCE

Refer to courses listed below and indicate preference for the course you wish to be admitted into: Please Tick

- | | | | |
|--------|---|------------------|--------------------------|
| i. | Book keeping | Certificate | <input type="checkbox"/> |
| ii. | Travel & Tourism | Certificate | <input type="checkbox"/> |
| iii. | Travel & Tourism | Diploma | <input type="checkbox"/> |
| iv. | Travel & Tourism | Advanced Diploma | <input type="checkbox"/> |
| v. | Travel & Business Studies | Diploma | <input type="checkbox"/> |
| vi. | Travel & Business Studies | Advanced Diploma | <input type="checkbox"/> |
| vii. | Office Practice | Certificate | <input type="checkbox"/> |
| viii. | Office Management | Diploma | <input type="checkbox"/> |
| ix. | Marketing, Advertising and Public Relations | Diploma | <input type="checkbox"/> |
| x. | Marketing, Advertising and Public Relations | Advanced Diploma | <input type="checkbox"/> |
| xi. | Journalism | Certificate | <input type="checkbox"/> |
| xii. | Journalism | Diploma | <input type="checkbox"/> |
| xiii. | Journalism | Advanced Diploma | <input type="checkbox"/> |
| xiv. | Human Resource Development | Diploma | <input type="checkbox"/> |
| xv. | Human Resource Development | Advanced Diploma | <input type="checkbox"/> |
| xvi. | Hospitality Management | Certificate | <input type="checkbox"/> |
| xvii. | Hospitality Management | Diploma | <input type="checkbox"/> |
| xviii. | Business Studies | Diploma | <input type="checkbox"/> |
| xix. | Business Studies | Advanced Diploma | <input type="checkbox"/> |
| xx. | Accounting and Finance | Diploma | <input type="checkbox"/> |
| xxi. | Accounting and Finance | Advanced Diploma | <input type="checkbox"/> |
| xxii. | Professional Computing and Information | Advanced Diploma | <input type="checkbox"/> |

5 EMPLOYMENT HISTORY

Full particulars of past and present employment with dates (if any)

| Institution | Position | Dates |
|-------------|----------|-------|
| | | |
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6 SOURCE OF FINANCE

Indicate how you will finance your study at the College (Tick appropriate box)

- a. Self b. Guardian
 c. Corporate Sponsorship d. Other Specify

Note:

- Fees are to be paid in full on registration at the beginning of every semester.
- Fees paid are non-refundable.

7 PARTICULARS OF PARENT/GUARDIAN

- a. Name of Parent/Guardian.....
 b. Relationship to Parent/Guardian.....
 c. Occupation of Parent/Guardian.....
 d. Address of Parent/Guardian
 (1) Postal Address
 (2) Tel. No..... (3) E-mail.....

8 PARTICULARS OF CORPORATE OR OTHER SPONSOR

- a. Name of Corporate or Other
 Sponsor.....
 b. Address of Sponsor
 (1) Postal Address
 (2) Tel. No..... (3) E-mail.....

9 EDUCATION DETAILS

Indicate details of school(s) attended.

| School/Institute | Attendance Dates | | Offices held and athletic or other activities at school (if any) |
|------------------|------------------|----|--|
| | From | To | |
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10 PREVIOUS ADMISSION DETAILS

If you have ever been admitted to this College, you must supply the following information:

| Year of Admission | Course of Study | Last Year in College | Reasons for leaving |
|-------------------|-----------------|----------------------|---------------------|
| | | | |
| | | | |

11 LECTURE PERIOD OPTIONS

| OPTION | DAYS | TIME | TICK |
|----------|-----------------|-------------------|------|
| Day | Monday – Friday | 7:00 am – 7:30 pm | |
| Evening | Monday – Friday | 5:30 pm – 8:30 pm | |
| Week end | Friday | 5:30 pm – 8:30 pm | |
| | Saturday | 8:30 am – 4:00 pm | |

12 APPLICANT’S SIGNATURE

Signature of applicant:..... Date:.....

13 DECLARATION

This declaration should be signed by someone of high repute who should also endorse one of the passport-sized photographs on the reverse side. The application will not be valid if this declaration is not signed.

I certify that the photograph endorsed by me is the true likeness of the applicant

Mr./Ms/Mrs..... who is personally known to me.

Signature.....

Name.....

Occupation.....

Address.....

IMPORTANT

AN APPLICANT WHO MAKES A FALSE STATEMENT OR WITHHOLDS RELEVANT INFORMATION MAY BE REFUSED ADMISSION. IF HE/SHE HAS ALREADY COME INTO THE COLLEGE, HE/SHE MAY BE ASKED TO WITHDRAW.

| FOR OFFICE USE ONLY | |
|---------------------------|----------------------------------|
| Application Fee..... | Qualification vetted by |
| Receipt No..... Date..... | |