



**PRESBYTERIAN UNIVERSITY  
COLLEGE, GHANA**

**FACULTY OF SCIENCE AND TECHNOLOGY**

DEPARTMENT OF MATHEMATICS

Picture here

**REGISTRATION FORM  
FOR  
CERTIFICATE PROGRAMME**

P. O. Box 59, Abetifi-Kwahu; Tel: 0207334708/0205037203; E-mail: [fst.pucg@gmail.com](mailto:fst.pucg@gmail.com),  
Website: [www.presbyuniversity.edu.gh](http://www.presbyuniversity.edu.gh)

## SECTION A: PARTICULARS OF APPLICANT

1. Full Name: .....  
(IN BLOCK LETTERS: MUST BE HOW YOU WANT IT ON YOUR CERTIFICATE)
2. Nationality: .....
3. Date of Birth: .....
4. Gender: .....
5. Educational Background (List Certificates, Diplomas, Degrees etc, Possessed with dates)

DATE		INSTITUTION	QUALIFICATION
FROM	TO		

6. Employment Status: Employed  Unemployed
7. Employment Sector (If employed):  
.....
8. If employed, how long have you been working:  
.....
9. Present position and duties:
  - a. Position: ..... No. of Years: .....
  - b. Duties (in brief):  
.....  
.....  
.....

10. Specialty: Briefly state how this particular course fits in with your present job and future plans:

.....  
.....  
.....  
.....

11. Sponsorship :( Tick the appropriate box)

a. Self Sponsorship

b. Official Sponsorship

Signature of Applicant .....Date.....

**SECTION B: ORGANIZATION INFORMATION**

12. Name of Organization (if any).....

13. Indicate whether Public  Private  NGO

14. Organizational/ Personal Address

.....  
.....

E-mail: .....

Mobile No... .. Tel. No. ....

**SECTION D: FOR OFFICIAL USE ONLY**

APPLICANT ADMITTED YES  NO

Duration of Course.....

**Course Fees:**

AMOUNT PAID	DATE OF PAYMENT	BALANCE (IF ANY)

**Signature: .....**  
**(Officer-in-charge)**