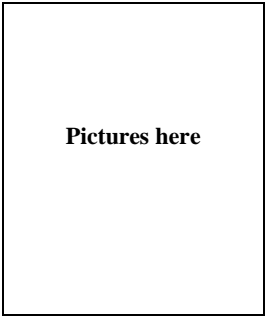




**PRESBYTERIAN UNIVERSITY  
COLLEGE, GHANA**  
*Discipline in Leadership*



**Institutional Advancement Unit**

**REGISTRATION FORM**

S/N	PROGRAMME	PLEASE TICK (√)
001	Certificate in Emotional Intelligence for Effective Leadership & Management	

***Tel:0501697733/ 0502271090/ 0202277222***

***Website: [www.presbyuniversity.edu.gh](http://www.presbyuniversity.edu.gh)***

**SECTION A: ORGANIZATION INFORMATION**

1. Name Of Organization (If Any).....

2. Indicate Whether Public  Private  NGO

3. Organisational/Personal Address:  
 .....  
 .....  
 E-Mail: .....  
 Mobile No... ..... Tel. No. ....

**SECTION B: PARTICULARS OF APPLICANT**

4. FULL NAME.....  
 (IN BLOCK CAPITALS: MUST BE HOW YOU WANT IT ON YOUR CERTIFICATE: SURNAME UNDERLINED)
5. Nationality: .....
6. Date Of Birth .....7. Gender .....
8. Educational Background (List Certificates, Diplomas, Degrees etc, Possessed with dates)

DATE		INSTITUTION	QUALIFICATION
FROM	TO		

9. How long have you been working: .....
10. Present position and duties:
- a. Position: ..... No. of Years:.....
- b. Duties (in Brief):  
 .....  
 .....  
 .....

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

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

12. Sponsorship :( Tick the appropriate box)

a. Self Sponsorship

b. Official Sponsorship

Signature of Applicant .....

Date.....

**SECTION C: SPONSOR’S OFFICIAL NOMINATION (For those being sponsored or sent by Organizations)**

This section must be completed by the Head of the organization of applicants or his/her representative who answered question 12b.).

13. Name of organization.....

a. Fee Responsibility (please state if your organization will pay for the Participant)

.....

14. Company/Institution hereby wish to nominate the above applicant for admission to the above course.

a. Name of Officer Nominating.....

b. Rank/Title: .....

Signature and Official Stamp.....

Date: .....

**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)**