



CATHOLIC INSTITUTE OF BUSINESS & TECHNOLOGY (CIBT)

ADABRAKA, ACCRA, GHANA

Please attached passport size photo here

1. PERSONAL DETAILS

- I. Surname:
- Title: Miss/Mrs./Mr. Other (Specify)
- ii. First Name(s)
- iii. Previous Name (If Changed):
- iv. Current Mailing Address (to which any correspondence on this application would be sent):.....
.....
- v. Telephone (Home):Telephone (Work):
- vi. Telephone (Mobile): Email:
- vii. Date of Birth: Day Month Year
- viii. Gender: Male Female (Please tick)
- ix. Country of Birth:..... Nationality.....
- x. Country of Permanent Residence:.....
- xi. Marital Status: Single Married (Please tick)
- xii. Religious Denomination:.....
- xiii. **Disability and Special Needs:** *CIBT aims to create an educational environment conducive for all student irrespective of their physical ability to participate fully in the life of the institute. To assist us make adjustments to meet special needs, we need prior information from prospective students. Please note that consideration of special needs will have nothing to do with academic suitability of the applicant.*

Do you have any special needs?

Yes No

If Yes, Please give details:.....
.....
.....

2. EDUCATIONAL HISTORY

1. Beginning with the secondary school or institute you are currently enrolled in or last enrolled in, list in a chronological order, the schools (and colleges) you have attended.

Please begin with the most recent

Name of School/Institute	Country/City	Years (From - To)	Qualifications

Please attach copies of your WASSCE/SSSCE/Baccalaureate/A-Level/O-Level/Diploma/HND etc. certificate to this form

3. EMPLOYMENT & WORK EXPERIENCE

Please provide details of any employment and work experience you have acquired in the past five years which you believe may positively support your application

Date: (From - To)	Name & Address of Employer	Position Held (Job Title)

4. PROPOSED PROGRAMME OF STUDY

a. Please indicate in the order of preference, your proposed programme of study (ie. 1 for first choice, 2 for second choice, 3 for third choice)

- | | |
|--|--|
| <ul style="list-style-type: none">■ Bsc. Public Administration■ BSc. Procurement & Supply Chain Management■ BSc. Computer Science■ BSc. Information Technology■ B.A. Religious Studies & Church Administration | <ul style="list-style-type: none">■ Bsc. Business Administration<ul style="list-style-type: none">• Banking and Finance• Accounting• Human Resource Management• Marketing |
|--|--|

NB. The program or option chosen by a student is subject to the approval of the Faculty Board. Student shall be duly informed of the determination of the Board by the end of Level 200.

b. Please indicate your preferred session of study by checking the appropriate box:

- Full-Time Day
- Full-Time Evening
- Full-Time Evening and Weekends

NB. The availability of a session shall be determined at the beginning of each academic year.

5. HOW WILL YOU FINANCE YOUR STUDIES AT CIBT? (please check one box only)

- Self ■ Employer ■ Sponsor ■ Parent ■ Guardian ■ Other

The following section must be signed by the parent, guardian, sponsor or the manager of a company stating that he or she will be responsible for the financing of the applicant's studies at CIBT

This is to confirm that I, (Full Name):.....

Relationship to Applicant:

Address:.....

Telephone: Email:

Assume the financial responsibility for the studies of: (Name of Applicant)

..... while he/she is enrolled as a student at the Catholic Institute of Business and Technology. I agree with the conditions of CIBT with regards to the payment of fees as outlined in the student handbook and agree to pay the fees whenever they are due.

.....
Signature of person responsible for paying the fees

.....
Date

I declare that the information provided on this application form is true, complete and accurate, and that no information requested or relevant material information has been deliberately omitted.

I understand and accept the Institutes right to establish the authenticity of my application and that it also reserves the right to reject my application if it turns out that any false information has been provided on this form. I understand and agree that if offered admission at the Catholic Institute of Business and Technology, I will be bound by the Rules and Regulations of the Institute. By signing the Application Form I confirm my agreement to this declaration.

.....
Signature of Applicant

.....
Date

7. How did you get to hear about CIBT? From...

Please tick all that apply

- | | | |
|--|--|------------------------------------|
| <input type="checkbox"/> Church Announcement | <input type="checkbox"/> Visit to School | <input type="checkbox"/> Staff |
| <input type="checkbox"/> Newspaper Advert | <input type="checkbox"/> Church | <input type="checkbox"/> CIBT Expo |
| <input type="checkbox"/> Radio Advert | <input type="checkbox"/> Friend | <input type="checkbox"/> Flier |
| <input type="checkbox"/> Poster | <input type="checkbox"/> Relation | <input type="checkbox"/> Handbill |
| <input type="checkbox"/> Banner | <input type="checkbox"/> CIBT Student | |

8. ENDORSEMENT

The completed application form and one of the passport photographs must be endorsed by a public official (a lawyer, clergy, headmaster/headmistress, head of public institution, etc.

Ihave known the applicant
..... whose photograph I have endorsed for
..... year. I have also verify that the information provided by the applicant on this form is, to the best of my knowledge, accurate.

.....
Signature and Stamp

.....
Date

9. SUBMISSION OF APPLICATION

Please submit your completed forms and attachments to:

The Registrar
Catholic Institute of Business and Technology, Adabraka
P. O. box AN 5248
Accra, Ghana
Website: www.cibt.edu.gh
Email: registry@cibt.edu.gh
Tel: (+233) 30 703 3547 / (+233) 30 703 5242