



Republic of Ghana

# GHANA INSTITUTE OF LANGUAGES

## SCHOOL OF LANGUAGES

### MODULAR COURSE REGISTRATION FORM

1. SURNAME: MR./MISS/MRS./DR.....
2. OTHER NAMES (INFULL).....
3. DATE OF BIRTH: .....
4. NATIONALITY.....

**How acquired:** (a) By Birth ..... (b) By Naturalisation.....(c) Other (s) .....

5. EVIDENCE OF NATIONALITY. SHOW ANY TWO OF THE FOLLOWING:

- ❖ ORIGINAL BIRTH CERTIFICATE (NOT CERTIFIED TRUE COPY)
- ❖ PASSPORT
- ❖ CITIZENARY IDENTITY CARD

6. ADDRESS IN FOREIGN COUNTRY (IF FOREIGNER): .....

7. PRESENT ADDRESS: .....

8. NAME OF FATHER: .....

- ❖ NATIONALITY: .....
- ❖ ADDRESS.....

9. Name of MOTHER: .....

- ❖ NATIONALITY: .....
- ❖ ADDRESS.....

10. NAME OF GUARDIAN (WHERE APPLICABLE): .....

- ❖ NATIONALITY.....
- ❖ ADDRESS.....

11. **PREVIOUS EDUCATION:**

LEVEL	NAME OF INSTITUTION	DATE	
		FROM	TO
1. PRIMARY			
2. SECONDARY			
3. UNIVERSITY			
4. OTHER(S)			

**PLEASE ATTACH 2 PASSPORT SIZE PHOTOGRAPHS WITH FULL NAME AT THE BACK.**

Mark (X) to indicate the language(s) of your choice.

ARABIC	ENGLISH	FRENCH	GERMAN	RUSSIAN	SPANISH	PORTUGUESE

**MARK (X) IN THE APPROPRIATE COLUMN OF THE LANGUAGE(S) CHOSEN.**

LANGUAGE	SPOKEN			WRITTEN		
	NIL	LITTLE	SATISFACTORY	NIL	LITTLE	SATISFACTORY

**WHY YOU WANT TO LEARN THE LANGUAGE (S) YOU HAVE CHOSEN.....**

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LEVELS	
1. BEGINNERS	
2. LOWER INTERMEDIATE	
3. UPPER INTERMEDIATE	
4. ADVANCED PROFICIENCY	

**EACH COURSE IS 15 HOURS A WEEK.**

**PLEASE, MARK (X) TO INDICATE YOUR CHOICE OF TIME:**

**SESSIONS**

**MORNING SESSION : 9.00AM - 12.00NOON**

**AFTERNOON SESSION : 1.00PM - 4.00PM**

**EVENING SESSION : 5.30PM - 8.30PM**

**TUITION FEES ONCE PAID CANNOT BE REFUNDED**

**I CERTIFY THAT THE ABOVE INFORMATIONS IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

**SIGNATURE :** .....

**DATE :** .....

**FOR OFFICE USE ONLY**

**TUITION FEE :** .....

**RECEIPT NO :** .....

**SIGNATURE OF CASHIER :** .....

**DATE :** ..... **OFFICIAL STAMP**