



Republic of Ghana

GHANA INSTITUTE OF LANGUAGES SCHOOL OF LANGUAGES

DIPLOMA COURSE REGISTRATION FORM

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

1. SURNAME: MR./MISS/MRS./DR.....
 2. OTHER NAMES (INFULL).....
 3. DATE AND PLACE 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
 - ❖ CITIZENSHIP 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)			

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

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

WEEKENDS : 8.00AM – 3.00PM

TUITION FEES ONCE PAID CANNOT BE REFUNDED

I CERTIFY THAT THE ABOVE INFORMATION 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**

