



Republic of Ghana

GHANA INSTITUTE OF LANGUAGES SCHOOL OF LANGUAGES

INTENSIVE LANGUAGE 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 |
| | | | | | | |

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

| LEVELS | |
|-----------------------|--|
| 1. BEGINNER | |
| 2. LOWER INTERMEDIATE | |
| 3. UPPER INTERMEDIATE | |
| 4. ADVANCED | |

EACH COURSE IS 15 HOURS A WEEK. (MONDAY TO FRIDAY)

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

SESSIONS

MORNING SESSION : 9.00AM - 12.00NOON

AFTERNOON SESSION : 1.00PM - 4.00PM

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