

CHRIST THE TEACHER COLLEGE OF EDUCATION



APPLICATION FORM

ADMISSIONS:..... ACADEMIC YEAR

Instructions on how to fill the Application Form

1. Applicants should exercise great care in completing the Application Form since any errors might lead to the rejection of the application form. (**Note: Any incomplete Application Form will not be processed**).
2. An applicant is requested to complete **ONLY** one set of Application Form.
3. An applicant is requested to complete the Application Form in **BLOCK LETTERS** only with all the relevant information as requested.
4. One passport size photograph of the applicant with name and signature at the back should be fixed at the right-top-corner of **page 2**.
5. An applicant should enclose relevant certificates/result slips and other qualifications to facilitate the processing of the Application Form for admission.
6. The College shall not be responsible for any negligence on the part of an applicant.

CHRIST THE TEACHER COLLEGE OF EDUCATION

STUDENT APPLICATION FORM FOR ADMISSION

This Form should be completed and returned to:

The Registrar
Christ the Teacher
College of Education (CTCE)
P. O. Box KS 99
Kumasi-Ashanti
Tel: 0244572669/ 0243531553/0262521550
Website: *info@ctce-ghana.com*

A. Bio data: (*Applicant's Names must correspond with those used for all examinations taken*)

1. Names

1.1.Surname

1.2.First Names

1.3.Middle Name(s).....

2. Date of Birth.....

--	--	--	--	--	--	--	--

D D M M Y Y Y Y

3. Gender

Male ☐ Female ☐

4. Nationality5. Hometown

6. Region/State of Hometown7. Religion

8. The Church you attend (Denomination)

9. Diocese (If Catholic)10. Place of Residence

11. Region of Residence Passport No:.....

12. Marital Status Married ☐ Single ☐

13. No. of Children ☐

14. Address to which communication on this application should be sent:.....

14.1. Tel No:

14.2. Student's E-mail Address

(Please, note that an E-mail address is a mandatory requirement to be fulfilled)

15. Permanent Home Address (if different from No. 14 above)

..... 15. 1. Tel No.

16. Name and Address of Father

.....

16.1. Father's Occupation 16. 2. Tel. No.

17. Name and Address of Mother

.....

17.1. Mother's Occupation17.2. Tel. No.....

18. Name and Address of Guardian (where applicable)

.....

18.1 Guardian's Occupation 18.2. Tel. No.

19. Are you physically disabled or do you suffer any form of handicap? Yes ☐ No ☐

19.1. If Yes, specify

20. Are you currently in Employment? Yes ☐ No ☐

20.1. If Yes, indicate the type/nature of employment.

.....

20.2. Name, Address and phone number of present employer.....

.....

.....

20.3. Employer's E-mail address

B**21. Examination History:**

21.1. Secondary Schools attended (indicate dates of attendance and qualification obtained).

School	From (Month, Year)	To (Month/Year)	Qualification(s) obtained

21.2. Qualification of Applicant: WASSCE ☐

SSSCE ☐

If **others** specify

22. Details of results of examinations taken as applicable. (*Indicate subjects and grades at all attempts*).

W.A.S.S.C.E/SSSCE

SUBJECTS	GRADES		
	1st	2nd	3 rd
ENGLISH			
MATHEMATICS			
SCIENCE			
SOCIAL STUDIES			

VERY IMPORTANT

I. How did you hear of Christ the Teacher College of Education? Through:

1. Friends ☐ 2. Family ☐ 3. The Church ☐ 4. Website ☐
5. Radio ☐ 6. Television ☐ 7. Newspapers ☐ 8. Others ☐

II. Where did you buy the Admission Application Form?

C. A Statement of Intent

Make a short hand-written statement of 100-120 words indicating your career goals; the reasons for wishing to obtain a Bachelor Degree in Basic Education and why you wish to study at Christ the Teacher College of Education.

[illegible]

D. Declaration

I declare that the information provided is genuine and reflects my true records. (*An applicant who makes a false declaration or withholds relevant information may be refused admission. If he has already come into the College he may be asked to withdraw*).

.....

Date

.....

Signature of Applicant

E. Endorsement

The declarations in E above must be endorsed below by someone of high repute. This person should be a Parish Priest, a Senior Public Servant or belong to the learned professions (e.g. Lawyer, Medical Practitioner) or Headmaster/Principal of applicant's last educational institution

.....

Date

.....

Signature

FOR OFFICIAL USE ONLY	
Application Form No:	Programme offered
Name of Applicant	Department
.....	Date of Admission:
Date received:	College Sponsored:
Initial of Recipient:	Accommodation Yes <input type="checkbox"/> No <input type="checkbox"/>
Remarks:	Full-Time Study <input type="checkbox"/>
.....	Part-Time: Night School <input type="checkbox"/> Weekend <input type="checkbox"/>