



# OAK CITY INTERNATIONAL COLLEGE

Accredited by National Accreditation Board, Ghana

## APPLICATION FOR ADMISSION

PROGRAMME APPLIED FOR

FORM NO.

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MORNING SCHOOL - 7AM-4PM   
EVENING SCHOOL - 4:30PM - 8:30PM   
WEEKEND SCHOOL -   
FRIDAY: 4.30pm-8.30pm  
SATURDAY: 7AM-6PM

Personal information: Complete form in capitals

NAME SURNAME:		TITLE: <input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MS <input type="checkbox"/> DR <input type="checkbox"/> REV	
FIRST NAME:		OTHER NAMES:	
DATE OF BIRTH	PLACE OF BIRTH	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
AGE :	HOME TOWN:	REGION:	
NATIONALITY:		RESIDENCE:	
RELIGION OF RES:	MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED		
ADDRESS TO WHICH COMMUNICATION IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT			
TELEPHONE NOS.		E-MAIL ADDRESS:	
PERMANENT HOME ADDRESS (IF DIFFERENT FROM ABOVE)			
TELEPHONE NO.			
NAME OF PARENT/GUARDIAN/SPONSOR & TEL:			
OCCUPATION OF PARENT/GUARDIAN/SPONSOR:			
ARE YOU PHYSICALLY CHALLENGED OR DO YOU SUFFER ANY FORM OF CHALLENGE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES PLEASE SPECIFY:			
ARE YOU CURRENTLY IN EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES INDICATE TYPE OR NATURE OF EMPLOYMENT:			
NAME AND ADDRESS OF EMPLOYER:			
WILL YOU REMAIN IN THE EMPLOYMENT WHILE STUDYING?		IF NO STATE REASON(S)	



<b>ENDORSEMENTS</b> <b>Declaration and Signature of Applicant</b> I declare that the statements on this form are correct. I understand that any offer of admission may be withdrawn if the information provided is fraudulent or if I can not provide documentary evidence.	<b>FULL NAME OF APPLICANT</b>	<b>SIGNATURE &amp; DATE</b>
	<b>ENDORSEMENT BY REFEREE</b> This form must be endorsed by someone of high repute who must read and sign the following declaration. <i>I certify that the applicant is personally known to me, and that I have vetted both the photograph attached and claims contained in this application and that to the best of my knowledge, the information can be said to be true.</i>	<b>FULL NAME OF REFEREE</b>
<b>OFFICIAL USE ONLY</b> Selected <input type="checkbox"/> <input type="checkbox"/> Not Selected <input type="checkbox"/> <input type="checkbox"/>	<b>SIGNATURE &amp; DATE</b>	<b>POSITION/RANK</b>
	Reasons if not selected	Signature:  Date:
<b>Finance Office Use Only</b> Receipt Number:		Sold by:

**NB:**

- A. Submit four (2) passport size photographs (To be endorsed by the referee)
- B. Submit two (2) self-addressed envelopes with POSTAL stamps
- C. Submit photocopy of result slip(s) for application and original on the day of interview
- D. Submit photocopy of birth certificate for application and original on the day of interview
- E. Submit Original and photocopy of your National Health Insurance Scheme Card
- F. Check that you have filled in all the relevant sections on the form
- G. Make sure your addresses and contact numbers are written clearly as we will use this to contact you.
- H. Evening and Weekend schools are for **ONLY** matured candidates for Medical Laboratory Technology programmes.
- I. See additional information on the admission requirement sheet attached.

**CONTACT: The Registrar, Oak City International College, P. O. Box MD 129, Madina, Accra, GHANA**  
**Phone: 0204239493, 0262001799 , E-mail: [oakcicgh@gmail.com](mailto:oakcicgh@gmail.com), [www.oakcicedu.com](http://www.oakcicedu.com)**