AIST SCHOOLS
THE AFRICAN INSTITUTE OF SCIENCE AND TECHNOLOGY, GHANA

STUDENT ADMISSION FORM

1- BASIC PERSONAL

TITLE: ....

SURNAME: ....

FIRST NAME: ....

GENDER: ....

DATE OF BIRTH: ....

NATIONALITY: ....

MARITAL STATUS: ....

CURRENT HIGHEST QUALIFICATION: ....
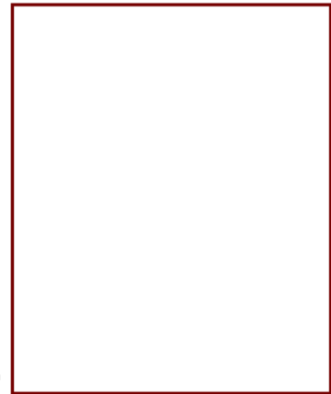
2- LOCATION DETAILS AND CONTACT INFORMATION

REGION: ....DISTRICT: ....TOWN: ....

HSE No: ....POSTAL ADDRESS: ....

MOBILE PHONE: ....

EMERGENCY CONTACT NAME: ....

EMERGENCY CONTACT TEL: ....

EMERGENCY CONTACT ADDRESS: ....

3- COURSE DETAILS

TRAINING COURSE: ....

DURATION: ....TUITION: ....

APPLICANT SIGN: ....(BY signing this form, you confirm that all information provided here are correct).