



ADEPTS INSTITUTE

OF RESEARCH AND PROFESSIONAL DEVELOPMENT

GES/GAR/PT/BC.17/2019

PAGE

Date _____

STUDENT NUMBER: AIRPD.....

ADMISSION FORM/ FICHE D'INSCRIPTION

PERSONAL DETAILS / INFORMATIONS PERSONNELLES

Surname..... **Given Names**.....
NOM DE FAMILLE PRENOMS

Date of Birth **Place Of Birth**..... **sex**.....
DATE DE NAISSANCE LIEU DE NAISSANCE SEXE

Home Address.....
ADRESSE AU PAYS

Address in Ghana.....
ADRESSE AU GHANA

Telephone Number..... **Email**.....
NUMERO DE TELEPHONE ADRESSE EMAIL

SPONSOR'S/GUARDIAN NAME AND ADRESSE.....
NOM ET ADRESSE DU SPONSOR/ TUTEUR

Telephone Number..... **Email Address**.....
NUMERO DE TELEPHONE ADRESSE EMAIL

PERSON TO CONTACT IN CASE OF EMERGENCY.....
PERSONNE A CONTACTER EN CAS D'URGENCE

COURSES AVAILABLE/ COURS DISPONIBLE
ENGLISH TRAINING TOEFL..... IELTS..... ORAL CLASS.....SPECIAL CLASS..... BUSINESS ENGLISH..... PROFICIENCY CLASSES
PROJECT MANAGEMENT..... LOGISTICS AND SUPPLY CHAIN..... ACCOUNTING..... HUMAN RESOURCE MANAGEMENT MARKETING.....
OFFICE ADMINISTRATION..... COMPUTER..... HEALTH AND SAFETY..... FRENCH LANGUAGE..... OTHER (specify).....

DURATION OF TRAINING /DUREE DE FORMATION.....
From To

WHERE DID YOU HEAR ABOUT ADEPTS INSTITUTE?
OU AVEZ VOUS DECOUVERT ADEPT INSTITUTE

FOR ADMINISTRATION USE
FEES PAID BALANCE.....DUE DATE.....

APPROVED BY STUDENT'S ADMISSION NUMBER: AIRPD.....

STARTED..... COMPLETED..... CERTIFICATE OBTAINED.....

REGISTRAR

DIRECTOR