



COLLEGE OF ISLAMIC STUDIES
MADINA, GHANA
OFFICE OF THE REGISTRAR

Undergraduate Application Form

**Affix one
recent
passport-sized
photograph
and submit
three**

GETTING YOUR APPLICATION RIGHT

Please read these instructions carefully before filling in the form:

- Complete all relevant sections of the application form using capital letters.
- Affix a passport-sized photograph and provide three additional copies.
- Submit your completed form and supporting documents by:
 - **Email:** admissions@cisghana.edu.gh
 - Or upload through the online application form on our website: www.cisghana.edu.gh
- Note: You may be required to submit original hard copies of your documents upon registration.

Additional Notes:

- Extra copies of this form can be downloaded from our website.
- **Data Protection:** The information provided will be used solely for the purpose of processing your application. If admitted, it will become part of your student record and will be handled in accordance with applicable data protection laws.

Supporting Documents:

- Please scan and send copies of your transcripts, certificates, and any other relevant documents along with your application.
- If you are unable to submit some documents at the time of application, use the checklist in Section F to indicate when they will be submitted.

Deadlines:

- Most undergraduate programmes have no strict application deadline unless applying for a specific scholarship.
- However, entry to all programmes is competitive. We recommend submitting your application as early as possible to enhance your chances of admission.

Important: All sections of this form must be completed by every applicant.

Section A: Personal Details

Full Name (Surname first): _____

Title (tick one):

☐ Mr. ☐ Ms. ☐ Miss ☐ Mrs.

Date of Birth: ____ / ____ / ____ **Gender:** ☐ Male ☐ Female

Place of Birth: _____

Nationality: _____

Religion: _____

Phone Number: _____

Email Address: _____

Ghana Card / Voter ID / Passport Number: _____

(Please attach a copy of the selected ID)

Date of Issue: ____ / ____ / ____ **Valid Until:** ____ / ____ / ____

Are you physically challenged? ☐ Yes ☐ No

If yes, please specify: _____

Marital Status: ☐ Single ☐ Married ☐ Other: _____

Section B: Contact Details

Unless otherwise stated, all communication from the College will be sent to the address provided below.

Permanent (Home) Address:

Post Code: _____

Mobile Phone Number: _____

Email Address: _____

Correspondence Address (*only if different from above*):

Post Code: _____

Mobile Phone Number: _____

Email Address: _____

Please inform the College promptly if any of your contact details change during the application process.

Section C: Certificates / Examinations

Please tick the appropriate qualification type(s):

☐ WASSCE ☐ SSSCE ☐ GCE “O” / “A” Levels ☐ HND
☐ Diploma ☐ Mature Entry ☐ Others (please specify): _____

Examination Year: _____

Index Number: _____

Subject Results

(Indicate all attempts made for each subject. Leave blank if not applicable.)

SUBJECTS	FIRST ATTEMPT	SECOND ATTEMPT	THIRD ATTEMPT

Please attach a copy or copies of all certificates and transcripts used to complete this section.

Section D: Family Information

Please complete the following to the best of your ability. If a guardian supports your education, kindly indicate their details below.

Father

- Full Name: _____
- Profession/Occupation: _____
- Educational Background (highest level attained):

- Workplace/Job Address: _____
- Phone Number: _____

Mother

- Full Name: _____
- Profession/Occupation: _____

- **Educational Background (highest level attained):** _____

• **Workplace/Job Address:** _____

• **Phone Number:** _____

Guardian (if applicable)

• **Full Name:** _____

• **Relationship to Applicant:** _____

• **Phone Number:** _____

Declaration

By completing and signing this application form, I hereby declare the following:

1. I affirm that all information provided in this application is accurate, complete, and truthful to the best of my knowledge.
2. I understand that any offer of admission is conditional and may be withdrawn if the information provided is found to be false, misleading, or incomplete. I accept that the College reserves the right to revoke my admission or dismiss me from the programme at any time on these grounds.
3. I acknowledge that the submission of this application does not guarantee admission. All admission decisions are made at the sole discretion of the College, in line with its academic policies and admissions criteria.
4. I agree to abide by the rules, regulations, codes of conduct, and academic policies of the College of Islamic Studies throughout the duration of my studies, if admitted.
5. I understand that the information provided will be used solely for the processing of my application and, if successful, will form part of my permanent student record.
6. I hereby waive any right to take legal action against the College of Islamic Studies, its officers, or representatives, for decisions made in good faith during the admission or academic process. I accept that the College shall not be held liable for any perceived loss, academic outcome, or withdrawal of admission arising from false declarations or failure to comply with college policies.
7. I agree that any disputes arising out of or related to the admission process or my enrolment at the College shall be resolved internally in accordance with the College's grievance procedures. Legal proceedings shall not be pursued unless all internal remedies have been fully exhausted.

Full Name of Applicant: _____

Signature: _____

Date: ____ / ____ / ____