

*Student Admission Form*

Surname: \_\_\_\_\_

Other Names: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Tel: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_



**Educational background:** *(Please, attach photocopies of relevant certificates)*

Name of Institution	Date Attended	Qualification Obtained
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Professional Qualifications:**

_____	_____	_____
_____	_____	_____
_____	_____	_____

## WORKING EXPERIENCE

Name and Address of Employer:

Employment	Position	From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please payment of fees should be by cash or Bank Draft. Attach two passport size photographs and two self-addressed envelopes.

### Payment of Fees:

Candidates will be required to pay their fees in full on gaining admission

Fees once paid are not refundable.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For Office Use Only*

- 1) Date received: \_\_\_\_\_
- 2) Level of Course: \_\_\_\_\_
- 3) Amount Paid: \_\_\_\_\_
- 4) Approved by: \_\_\_\_\_

### CONTACT ADDRESS

The Executive Director  
Chartered Institute Of Marketing, Ghana  
4th Floor, NCR Building, Opposite Roxy Cinema  
on The Kwame Nkrumah Avenue  
P. O. Box GP 18235, Accra - Ghana  
Tel.: 233-21-241156 • Tel/fax.: 233-21-241160 • Mob.: 233-244-220427  
E-mail: info@cimghana.org • Website: www.cimghana.org