



**ICAG COLLEGE OF ACCOUNTANCY
P. O. BOX GP 4268, ACCRA
Tel: 0500536830 / 0269692941**

**APPLICATION FORM – TUITION FOR JULY TO OCTOBER 2018 CLASSES
(PROFESSIONAL PROGRAMME)**

PERSONAL PARTICULARS OF APPLICANT:

1. Full Name: Mr./Ms./Mrs.....
(In block letters and in the order as they would appear on your certificate)
2. Gender: Male [] Female [] Student’s Registration Number: (SRN)
3. Postal Address:

E-mail:

Tel:

4. **Choice of School:** Indicate by marking (√) for the School and Level you are enrolling.

LEVEL: Level 1: [] Level 2: [] Level 3: []

SCHOOL: Regular (Morning) [] Evening [] Weekend []

5. SUBJECT(S) TO BE TAKEN:

- | | |
|-----------|----------|
| I. | II. |
| III. | IV. |
| V. | VI. |

Student’s Signature **Date:**

PAYMENT TERMS:

1. *80% before start and the remaining 20% paid before 31ST JULY, 2018.*
2. *Fees once paid are NON - REFUNDABLE*
3. *Students are required to pay tuition fees before the start of the class.*
4. *Free manuals are given upon full payment of fees.*