



# ICAG COLLEGE OF ACCOUNTANCY

P. O. BOX GP 4268, ACCRA

Tel: 0500536830 / 0269692941

## MAY 2020 PROFESSIONAL TUITION PROGRAMME

(APPLICATION FORM - TUITION FOR JANUARY TO APRIL 2020 CLASSES)

### 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).....

E-mail:.....

Tel:.....

3. **Choice of School:** Indicate by marking (✓) for the Stream and Level you are enrolling.

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

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

4. **SUBJECT(S) TO BE TAKEN:**

I. .... II. ....

III. .... IV. ....

V. .... VI. ....

5. **Referral Source: Where did you hear about us?**

a. ICAG Outreach / Social Media. Website

b. Family/ Friend/ Colleague .....

c. Others (Please Specify) .....

### DECLARATION

I (Mr/Mrs/Ms).....with SRN.....declare that I agree to the terms above.

Student's Signature .....Date: .....

## Fee List

| Level           | Amount            |
|-----------------|-------------------|
| Level 1 (One)   | GHS 350 per paper |
| Level 2 (Two)   | GHS 450 per paper |
| Level 3 (Three) | GHS 550 per paper |