



BALDWIN COLLEGE

I N V E S T • I N V I G O R A T E • I M P A C T

P.O. Box19872, Accra-North | Tel: 0302797598, 0265968229 | Website: www.baldwin.edu.gh

Application for Admission

Mode of Application: Distance ☐ Regular ☐ Sandwich ☐ Class Sections: Morning ☐ Evening ☐ Weekends ☐

Are you applying as a Mature Student? ☐ Yes ☐ No (Note: Mature Applicants must be 20 years and above)

SECTION A

PERSONAL DETAILS

Surname:		<div>Fix photograph here</div> <div>Please write your name and proposed program at the back of the photo</div>	
First Name:			
Other Names (if any):			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Date of Birth:			
Day		Month	
Year			
Place of Birth:		Passport No:	Social Security No: (If applicable)
Nationality:		National ID No:	
Marital Status:			
Permanent Address:			
Current Mailing Address: (If different from above)			
Fax No:	Tel Phone:	Mobile:	Email:
Country of current residence			

SECTION B

PROGRAMME OF STUDY

☐ Certificate ☐ Degree Programme
☐ Short professional courses ☐ Diploma Programme

Please indicate in order of preference your proposed program of study (refer to the admission brochure)

CHOICE	CERTIFICATE, DIPLOMA & UNDERGRADUATE PROGRAMMES
1 st Choice	
2 nd Choice	
3 rd Choice	

When do you intend to enrol?

☐ First Semester (August) 20_____

☐ Second Semester (January) 20_____

☐ Other _____

SECTION C

EDUCATION AND QUALIFICATION

Please attach certified copies of result slips and certificates.

School / Institution / College	Dates		Qualification	Date Obtained
	From	To		

SECTION D

DETAILS OF GUARDIAN / SPONSOR

Title: Mr./Mrs./Ms.Miss/Pr./Dr.	Permanent Address:		
Name			
Relationship to Applicant:	Tel:	Mobile:	
	Fax:		
Occupation:	Email:		

SECTION E**RELIGIOUS AFFILIATION**

☐ Christian ☐ Moslem, If other, specify _____

If Christian, specify denomination:

SECTION F**DOCUMENTS TO BE ATTACHED**

- i. ☐ Certified Copies of Results Slips and Certificates
- ii. **Attach the following documents** (Foreign Applicants only)
 - ☐ Copies of your residence permit (if resident in Ghana)
 - ☐ Copies of Passport

Note

1. All fees (Tuition and general charges are due and payable upon registration to the College Bank Account
2. For financial information, contact the student Accounts Officer, Baldwin College on 0544819201, 0265968229
e-mail: info.Baldwincollege@gmail.com
3. For further inquiries contact the Admissions Office on: Telephone No. 0544819201, 0265968229
admissions.BaldwinCollege@gmail.com

SECTION G**DECLARATION**

The information on this form is to the best of my knowledge correct. I understand that any offer of a place to me as a Certificate, Diploma or undergraduate student will be based upon the information given on this form, and that if am found to have given false information, the offer may be withdrawn. I understand that the information supplied on this form will be retained by the College and will be use for the purpose of processing my application. If my application is accepted the information will form part of my student record. If I am admitted to the college, I promise to abide by all the policies and regulations of the Baldwin College.

Name of Applicant _____

Name of Sponsor/Guardian _____

Signature _____

Signature _____

Date _____

Date _____