

STUDENT ENROLMENT FORM



UNDERGRADUATE (Regular or Mature) & GRADUATE STUDENT ENTRY FORM

FOR ADMISSION INTO THE INSTITUTE FOR SECURITY, DISASTER AND
EMERGENCY STUDIES (2019/2020 ACADEMIC YEAR)
NAB ACCREDITED, (2019) UCC AFFILIATED, (2017)

THE REGISTRAR

Institute for Security, Disaster and Emergency Studies
P. O. BOX CT 4958, CANTONMENTS, ACCRA, GHANA

[Revolving Application]:

January Admissions, submission deadline 10 December 2019.

September Admissions, Submission deadline 31 July 2020

Information and Privacy:

The National Accreditation Board is committed to ensuring that Universities, Colleges and other tertiary educational institutions enroll students with the basic qualifications as proscribed, and to provide quality education. In this regard, the Institute for Security, Disaster and Emergency Studies needs to ask for personal information from students, parents and guardians in order to conduct fair assessment of the students who are qualified and who apply to pursue programs at the Institute and who the Institute may enroll, resources permitting. Personal information will only be disclosed for purposes permitted by law as provided for in the legal framework of Ghana.

A. Enclosures:

- i. Two Passport Sized photographs, one of which should be signed at the back by applicant.

- ii. Original Transcripts of Academic Records from School, University attended
- iii. A copy of Senior High School Certificate issued by WAEC (or equivalent certificate)
- iv. Letter of Recommendation from 2 referees from a relevant Academic Institution to be sent directly
- v. Endorsement by sponsor(s) committing to pay all fees and showing details of present work status and sources of income as provided for on this form, including current address, telephone numbers and email contact.
- vi. A copy of National Service Certificate if applicable
- vii. Circle the applicable Box:

MATURE STUDENT	BSc. Disaster Risk Mgt.	NA	NA
REGULAR STUDENT	BSc. Criminology	MSc.	Disaster Risk Mgt.
WEEKEND PROGRAM	Criminology	Disaster Risk Mgt.	MSc.
		MSc.	Criminology

Fill every question or data request line as appropriately as possible.

B. Student Details

Surname on birth certificate: _____

Surname on Academic Certificate: _____

Previous Surname (if applicable): _____

1st Name: (given name) _____

2nd Name: (middle name) _____

3rd Name: (if applicable) _____

Date of Birth: _____

Date of Birth: (by affidavit) _____

Date of Affidavit: _____

Nationality: _____

Address to which communication in connection with this application should be sent:

Telephone or Cell phone number: _____

Email: _____

Secondary email: _____

Residential Address: _____

Major Landmark near Residence: _____

Marital Status: _____

Ethnic group with which the student associates: _____

Geographical Region with which the Student associates: _____

Religious Affiliation: _____

Languages spoken: _____

Languages written: _____

C. Previous Education

Please give names of Senior High Schools, Colleges, Universities and other training institutions attended with dates of commencement, completion and qualifications obtained.

Senior Secondary School: _____

Qualification: _____

Date: _____

Pre-University education: _____

Qualification: _____

Date: _____

NAME AND ADDRESS OF UNIVESITY ATTENDED: _____

Degree Awarded: _____

Class of Degree: _____

Topic of Thesis/Dissertation: _____

Year of Graduation: _____

Year of National Service (if applicable) _____

Employment since Graduation: _____

Continuing Professional Development Courses Taken for Certificates or diploma with dates and qualifications: _____

On the Job Professional Training Programs taken with dates and qualifications or status: _____

Rank or Position if currently employed (for B. Sc. applicants seeking to enter as Mature Students only): _____

D. Parent/Guardian Information

(If financially Self-supporting or independent student, skip this section)

Parent/Guardian #1

Surname: _____

First Name: _____

Middle Name: _____

Relationship to Student: _____

Profession or Source of Income: _____

Educational Background: _____

Home Phone: _____

Cell Phone: _____

Lives with Student: (Circle one) Yes/No

Receives Student Report: (Circle One) Yes/No

Contact in Emergency: Yes/No

Residential Address: _____

Postal Address: _____

Parent/Guardian #2

Surname: _____

First Name: _____

Middle Name: _____

Relationship to Student: _____

Profession or Source of Income: _____

Educational Background: _____

Home Phone: _____

Cell Phone: _____

Lives with Student: (Circle one) Yes/No

Receives Student Report: (Circle One) Yes/No

Contact in Emergency: Yes/No

Residential Address: _____

Postal Address: _____

E. Names and Addresses of Referees:

#1: _____

#2:

**NB: APPLICATION WOULD NOT BE PROCESSED UNLESS IT IS ACCOMPANIED BY PROCESSING FEES, OR EVIDENCE OF PAYMENT OF THE PROCESSING FEES OF GHC 220.00 EACH.
(Please, see website for payment instructions: www.isdesghana.org)**

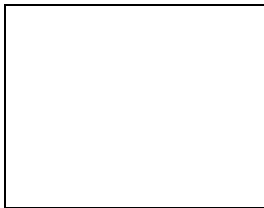
F. Declaration:

I hereby solemnly declare that the information provided on this form is true and accurate. I further declare that there is no appropriation or use of other person or persons' data in this application. I accept and agree to indemnify the cost of investigation or legal process in connection with this application, the Institute for Security, Disaster and Emergency Studies, if it were to be discovered that the information provided by me was false and due to this falsehood, there is a resulting harm or damage to the Institute, such as regarding the true characterization of my academic grades and qualifications, schools attended, or employment history. This includes the avoidance of my National Service obligation but not limited to the enumerated illegalities in this declaration only.

I hereby permit the Institute to conduct background investigation about me and my credentials in connection with this application with institutions such as the West African Examination Council, the National Accreditation Board, the Criminal Investigation Division of the Ghana Police and any other agency or department legally mandated to conduct such investigations.

(Name, Signature of Applicant and Date)

(Name, Signature of Parent or Guardian and Date (if Section D applied))



Student's Portrait

Official Section only: (To be filled by the Institution)

Date of Receipt of Application	1 st Reviewer	Report Post Review	2 nd Reviewer	Action	Institutional Action