



DEPARTMENT OF STATISTICS
SCHOOL OF PHYSICAL AND MATHEMATICAL SCIENCES
COLLEGE OF BASIC AND APPLIED SCIENCES
UNIVERSITY OF GHANA
P. O. BOX LG 115, LEGON
ACCRA - GHANA
CONTACT: enbquaye@ug.edu.gh / aaasare-kumi@ug.edu.gh
Telephone: 0243 -204-190 / 0208173690

SCL
Statistical Consulting Lab
Department of Statistics

PERSONAL DETAILS					
Title			Gender		
Surname					
First Names					
Address					
Telephone (<i>Mobile</i>)		Telephone (Work)		Email	
Highest Educational Qualification					
Other Professional Qualification					
Occupation (<i>if not student, enter area of occupation</i>)		<i>If student, complete the following</i>	Educational Institution		
Current Level (Grade in School) - <i>Enter Number</i>			Study Area		
EMPLOYER DETAILS					
Place of work			Address (<i>Ignore if same as above</i>)		
REGISTRATION SESSION					
Briefly state your expectation for the course					
SIGNATURE					
Indicate Name (<i>as desired on certificate</i>)				Date (YYYY/MM/DD)	
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PARTICIPANT ID					

Payment Details

ACCOUNT NAME: COLLEGE OF BASIC AND APPLIED SCIENCE
BANK / BANK BRANCH: ECOBANK LEGON BRANCH

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SEND COMPLETED FORM TO EITHER OF THE FOLLOWING EMAILS enbquaye@ug.edu.gh **or** aaasare-kumi@ug.edu.gh