** GHANA CHRISTIAN UNIVERSITY COLLEGE**

**SCHOOL OF THEOLOGY AND MINISTRY (STM)**

 **REGISTRATION FORM – CERTIFICATE IN COUNSELLING**

**GHANACU IDENTIFICATION NUMBER**………………………………………………………………

1. **PERSONAL**

NAME: (Surname first) ………...…………………………………………………………………………………………………

 GENDER M F Tick DATE OF BIRTH: ……………………………………………………………………………

PROGRAMME/COURSE………………….………………………………………………………………...............................

DATE OF ADMISSION……………………………………………. …………………………………………………………….

EMAIL………............................................................…POSTAL ADDRESS……………………………………………….

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PHONE NO. ………….…………………………………………………..SIGNATURE………………………………………...

1. **FINANCE OFFICE**

 AMOUNT PAID……………………………………………………………. BALANCE.……………………………………….

BANK………………………………………………………………. DATE OF PAYMENT: ……………………………………

RECEIPT NO**……………………………………………………………………………………………………………………….**

FINANCE OFFICE COMMENTS: ………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………….NAME OF ACCOUNTS OFFICER: ………………………….………………. SIGNATURE: ………………………………

1. : COURSE REGISTRATION (THE COURSES ARE TAKEN EITHER ONLINE OR INFACE ON CAMPUS)

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| --- | --- | --- | --- |
| **SN** | **COURSE TITLE** |  **TICK (√)****INFACE** | **ONLINE** |
| 1 | Professional Certificate in Counselling Psychology |  |  |
| 2 | Certificate in Marriage Counselling |  |  |
| 3 | Certificate in Crisis Counselling |  |  |
| 4 | Certificate in Music Ministry |  |  |
| 5 | Certificate in Pastoral Care and Counselling |  |  |
| 6 | Certificate in Prophetic Ministry |  |  |
|  |  |  |  |

1. **HOSTEL** **WARDEN**

HOSTEL FEE RCT NO: ……………………… HALL/ROOM ALLOCATED: …………………………………….

HOSTEL WARDEN: …………………………………………………………………………………………………….

SIGNATURE: ………………………………………………………………… DATE: ………………………………...

(***FOR OFFICE USE ONLY***)

1. **APPROVAL**

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SIGNATURE: …………………………………………………………………………… DATE…………………………

CONTACTS: **020 241 7999 / 057 653 3307 / 024 723 8889**