



GREM TELECOM ACADEMY

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Recent passport
Photograph

GHc100

APPLICANT REGISTRATION FORM

Last Name _____

Other Names _____

Contact Address _____

_____ Email Address _____

Telephone Number(s): _____

WhatsApp Number: _____

Profession _____ Highest Qualification _____

Marital Status _____ Date of Birth _____ Nationality _____

Region _____ District _____

Town _____ Date of Resumption _____ Expected Completion Date _____

Course Title _____ Duration of the Course _____

First Installment Fee Paid _____ Bank Teller Number _____

Indicate date of second installment payment if any _____

Next of Kin Data:

Names _____ Relationship _____

I have registered for the above course(s) and I am aware that the registration and course fees are not refundable.

Applicant's Signature _____ Date _____

Name of the person who introduced you to the school _____

Phone contact of the person who introduced you to the school _____

Registration for the above course is approved.

Course Coordinator's signature _____ Date _____