



CCOD IS ACCREDITED BY NAB.

ONLINE FORM

APPLICATION FORM (2018/2019):

Undergraduate OD Programme

INSTRUCTIONS ON HOW TO FILL THE APPLICATION FORM

1. Applicants should exercise great care in completing the Application Form since any errors might lead to the rejection of the application form. (Note: Any incomplete Application Form will not be processed).
2. Fill the application form and send it back to the College (CCOD) directly or through the address provided in the application form.
3. You must make a cash deposit of **GHC 100.00** into the University's account (No. 6011702783, Zenith Bank, Sunyani) and attach the pay-in slip to the form before submitting it or make a cash payment of the above stated amount at the University's Administration (Asaase Aban Building – Second Floor, Sunyani) when submitting the form.
4. An applicant is requested to complete **ONLY** one set of Application Form.
5. An applicant is requested to complete the Application Form in **BLOCK LETTERS** with all the relevant information as required. However, Section H and I on page 4 should be in small letters.
6. One passport size photograph of applicant with his/her name and signature at the back should be fixed at the right-top-corner of page 2.
7. An applicant should enclose every relevant certificates/result slips and other qualifications to facilitate the processing of the Application Form for admission.
8. An applicant to be considered for a higher placement should enclose his/her transcripts, CV and any leadership position held (Applicant must provide Evidence).
9. Mature Applicant should include in the Application Form copies of his/her Birth Certificate and Letters of Employment of First Appointment or any other evidence.
10. The University shall not be responsible for any negligence on the part of any applicant.



College for Community and Organisational Development

P. O. BOX 1694 Sunyani, Tel: +233 26 507 0160

Website: www.ccod.edu.gh

Email: info@ccod.edu.gh or registrar@ccod.edu.gh

Passport-sized
Photograph of
Applicant

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FILL ALL FIELDS WITH BLACK INK

Section A: Personal Information

Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Rev <input type="checkbox"/> Others specify:
Surname:
First Name:
Other Name (s):
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorce <input type="checkbox"/> Widow <input type="checkbox"/>
Date of Birth (DD/MM/YYYY): Nationality:
Home Region:
Disability/Special Needs: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Specify:

Section B: Contact Information

Postal Address:	Postal Region:
Postal Town:	Residential Address:
Mobile No. :	Email:

Section C: Parent/Guardian Information

First Name:	Surname:
Title:	Occupation:
Postal Address:	Postal Region:
Mobile No. :	Email:

Section D: Entry Route

Applicant should tick [✓]
SSSCE/WASSCE <input type="checkbox"/> HND/Tertiary Diploma <input type="checkbox"/> Foreign Student <input type="checkbox"/> Matured <input type="checkbox"/>
Others:

Section E: Examination Results

Applicant should provide detailed results			
FIRST (1st) SITTING			
Examination Type:		Period of Exam Sitting:	
Exam Index No:		Year of Exam Sitting:	
Senior High School/Institution Attended:			
GRADES OBTAINED			
CORE SUBJECTS	GRADE OBTAINED	ELECTIVE SUBJECTS	GRADE OBTAINED
Applicant should provide detailed results			
SECOND (2nd) SITTING			
Examination Type:		Period of Exam Sitting:	
Exam Index No:		Year of Exam Sitting:	
Senior High School/Institution Attended:			
GRADES OBTAINED			
CORE SUBJECTS	GRADE OBTAINED	ELECTIVE SUBJECTS	GRADE OBTAINED
Applicant should provide detailed results			
THIRD (3rd) SITTING			
Examination Type:		Period of Exam Sitting:	
Exam Index No:		Year of Exam Sitting:	
Senior High School/Institution Attended:			
GRADES OBTAINED			
CORE SUBJECTS	GRADE OBTAINED	ELECTIVE SUBJECTS	GRADE OBTAINED

Section F: Status

Applicant should tick [√] the appropriate status

Regular

Mature

Fee Paying

Section H: Work Experience (applicable to Mature Applicants)

Applicant should state clearly work experience (s) i.e. name of organisation/institution with appropriate dates

Section I [i]: Why do you want to study OD theory & practice at CCOD?

Applicant should state clearly

[ii] Which sector (s) of the economy do you think need (s) OD knowledge?

Section J: Applicant (s) Declaration

Certify Submitted Information by Applicant (s)

I Hereby declare that all the information provided above is/are true and correct and that should I provide any false information, I would be denied admission and also prosecuted where deemed necessary by the College for Community & Organisational Development (CCOD), and agree to the terms and conditions binding my participation in the CCOD OD programme.

Section K: Application Endorsement

Corroboration Declaration (Please read the instruction carefully and also accept before you endorse)

This declaration should be signed by only persons of high integrity and honour who must also endorse at least one of the candidate's/applicant's passport-sized photograph on the reverse side and also cross check and be satisfied that the examination grades indicated on the form by the applicant are genuine.

The application will not be valid if the declaration below is not signed and sealed/stamped. Also if the declaration proves to be false, the application shall be rejected; if the falsity is detected after admission, the student shall be dismissed and possibly prosecuted.

WITNESS	
Name:	Occupation:
Position/Rank:	Date:
Address:	Signature:

Section K: Application Notice

Completed Application Form should be accompanied with photocopies of all relevant documents i.e. certificates/result slips and addressed to the office below;

Registrar
Academic affairs
College for Community & Organisational Development
P. O. Box 1694
Sunyani, Ghana

Please Note

ADMISSION TO THE COLLEGE IS TRANSPARENTLY ADMINISTED WITHOUT ANY OTHER CONSIDERATIONS. ANY APPLICANT WHO MAKES ANY FORM OF SOLICITATION TO ANY PERSON FOR THE PURPOSE OF GAINING ADMISSION INTO THE COLLEGE DOES SO AT HIS/HER OWN RISK.

Application Information (Official Use Only)

Authentication	
Name of Bank:	Branch Name:
Banker's Draft No. :	Amount Received:
Name of issuing officer:	Signature:
Remarks:	

