FAITH AND LOVE COLLEGE OF TECHNOLOGY®

(FALCOT)

Imparting Generations With Technology.

P. O. Box 7670 ACCRA - NORTH. TEL: 0279 70 20 20, 0507 073 071

APPLICATION FORM

THIS FORM MUST BE FILLED WITH Serial number: 1. SURNAME: Two passport-size photographs are required: OTHER NAMES: One must be fixed in this space and the other must be 3. DATE OF BIRTH: SEX: endorsed by the guarantor and kept in the envelope for submission RESIDENTIAL ADDRESS: CONTACT NUMBER: 7. E-MAIL ADDRESS: MARITAL STATUS: 9. SCHOOLS ATTENDED: . DATE COMPLETEDDATE COMPLETED DATE COMPLETED 10. NAME OF GUARDIAN: 13. RELATIONSHIP: 14. SIGNATURE OF APPLICANT: 15. SIGNATURE OF GUARDIAN:

PLEASE NOTE:

THE GUARDIAN CANNOT BE THE SAME AS THE GUARANTOR.

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GUARANTOR'S FORM

Serial number:	
NAME (in full):	
POSTAL ADDRESS:	
RESIDENTIAL ADDRESS:	
PERSONAL PHONE NUMBER:	
OFFICE PHONE NUMBER:	
OCCUPATION:	
POSITION HELD:	
RELATIONSHIP BETWEEN APPLICANT AND GUARANTOR:	
STATEMENT OF UNDERTAKEN.	
I	admit that I
know the name of the above student mention. He or she is known to be of	
good character and will exhibit good behaviour towards this organisation. I	
certify that the information provided on	this document concerning the
named student are true and authentic.	
SIGNATURE:	
Plan.	
STAMP:	
DATE:	

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COURSE SELECTION FORM

Serial number:	
NAME OF STUDENT (in full):	
NAME OF PROGRAM (use the checkbox where necessary)	
☐ Microsoft Office Administration (Basic & Advance)	
□ Graphic Design	
□ Software Engineering	
□ Hardware Engineering	
□ Database Management	
□ Website Development	
□ Network Engineering	
□ Software Programming	
ADMISSION PACKAGE (use the checkbox where necessary)	
☐ Students Package (strictly for J.H.S. and S.H.S students only)	
□ Workers Package	
□ Executives Package	
OFFICE USE ONLY	
Name of receiving officer:	
Date of receipt: Serial number issued:	
Signature:	