



CENTER FOR STRATEGIC AND DEFENCE STUDIES, AFRICA

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ADVANCED CERTIFICATE IN SECURITY GOVERNANCE

PICTURE

APPLICATION FORM

Last name _____

First name _____ Middle name _____

Date of birth: “ ____ “ ____ 19 ____ Sex: male female

Postal address: _____

Phone: _____ Fax: _____ e-mail: _____

Phone: _____ Fax: _____ e-mail: _____

Name and address of Company (for employees)/Name of current school/university (for students):

Position: _____

Phone: _____ Fax: _____

Summary of academic background

Dates of attendance	University (High school)	Degree (Diploma) obtained

Cost of Training: GHc1,500.00

DECLARATION

I declare that all the answers to this application are complete and accurate to the best of my knowledge including the information on my academic background. I have been informed on the regulations of admittance to the University and on the tuition fee. I am prepared to timely cover the expenses of studying and living in Russian Federation. I am warned that failure to report all the complete and accurate information will invalidate my application and my result in invalidity of a degree obtained if admitted.

Date: ____ (*day*) _____ (*month*) _____ (*year*) **Signature** _____