

**UNIVERSITY OF CAPE COAST**  
**FEE PAYING APPLICATION FORM**  
**DETAILS OF STUDENT & SPONSOR**

NAME OF STUDENT.....

DATE OF BIRTH.....

PROGRAMME OF CHOICE.....

SPONSOR.....

ADDRESS:.....

.....TEL NO.....

RELATIONSHIP TO STUDENT:.....

We/I (Company/Organisation):.....

Pledge to pay the full fees for the entire duration of the programme and that if we/I should default at any time, the University reserves the right to withdraw the student from the programme.

.....  
SIGNATURE OF SPONSOR

WITNESS

NAME:.....

ADDRESS:.....

.....

TEL.No.....

SIGNATURE:.....

DATE:.....

**NB**

Completion of this form does not guarantee automatic Offer of admission. The request will be considered by the appropriate University Body and applicant will be informed of the final decision.

1. Indicate your Application Reference number:.....
2. Attach photocopies of your result slip(s)

.....  
OFFICE USE ONLY

SIGNATURE:.....

DEPUTY REGISTRAR (Division of Academic Affairs

DATE:.....