



# PRIMPS

(Prominence Institute Of Management & Professional Studies)

**PROFESSIONAL DBS, HND AND DEGREE  
PROGRAMMES FROM ICM-UK & IATA**

Affix Picture  
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## APPLICANT INFORMATION FORM

**IMPORTANT:** Answer all questions on the form or indicate N/A if Not Applicable. All information will be kept confidential and used only in determining your eligibility for the programme. Candidates are required to send completed form with the following:

- (i) Certified Photocopies of result slip or certificates
- (ii) Two recent passport-sized photographs.

ADM NO. \_\_\_\_\_

### Personal Information

Surname: ..... First Name: .....

**Your Full Name (As you wish it to appear on your award):**

.....

Permanent Address: .....

Telephone Number(s): ...../.....

Email Address: .....

Date of Birth: ...../...../..... Place of Birth: .....

Nationality: ..... Religion: .....

Name and Address of Parent or Guardian: .....

.....

Telephone Number(s): ...../.....

Occupation of Parent/Guardian: .....

Are you physically disabled or do you suffer from any form of handicap?

(Yes or No) ..... If Yes: Specify:.....

**Academic Records**

Fill in your grades or attached photocopy of your qualification

**SSSCE/WASSCE Results****Other Qualifications**

SSSCE/WASSCE Results		Other Qualifications		
Subject	Index NO.:..... Year:..... Grades/results	Exam Sat.	Subject(s)	Index NO.:..... Year:..... Grades/results
Core 1. English 2. Mathematics 3. Science 4. Social studies Electives 1. 2. 3. 4.				

Are you awaiting results? (Yes or No)

Are you a matured Student? (Yes or No)

If applying as a mature students, please attach introductory letter from your work place

**Programme of Study**

Programme of Choice (indicate in the appropriate box)

**INSTITUTE OF COMMERCIAL MANAGEMENT (ICM Courses)**

- |  |   |
|--|---|
| <input type="checkbox"/> Accounting & Finance              | <input type="checkbox"/> Managing Health & Safety       |
| <input type="checkbox"/> Business Studies                  | <input type="checkbox"/> Maritime Management            |
| <input type="checkbox"/> Computer Science & Cyber Security | <input type="checkbox"/> Marketing, Advertising & PR    |
| <input type="checkbox"/> Entrepreneurship and Enterprise   | <input type="checkbox"/> Marketing Management           |
| <input type="checkbox"/> Hospitality Management            | <input type="checkbox"/> Office Management              |
| <input type="checkbox"/> Human Resource Development        | <input type="checkbox"/> Project Management             |
| <input type="checkbox"/> Journalism & Media Studies        | <input type="checkbox"/> Purchasing & Supply Management |
| <input type="checkbox"/> Management Studies                | <input type="checkbox"/> Sales Management & Marketing   |

Please indicate the level you want to end the programme of study ☐ DBS ☐ HND ☐ DEGREE**Payment of Fees**

Fee payment: Who is going to be responsible for the payment of your fees: (e.g Parent, Self, Employer)

.....

**Sponsor's Attention:** I/We hereby certify that I/We will be responsible for the payment of my/our wards Fees without hindrances to the completion of his/her course of study. If **Self**-ignore below

Name of Parent/Guardian: .....

Mobile No.....

### If Sponsored by a Company or Establishment

Name of Authorizing Officer: .....  
Position ..... Address.....  
..... Telephone: ..... Signature: .....

### Supplementary Information

How did you learn about Prominence Institute of Management and Professional Studies  
(e.g. The Newspaper, Parent, Friends, Staff, Alumni or Current Student) .....  
Please indicate the Name of the Person: .....

### Declaration

#### Applicant MUST sign the declaration

I declare that to the best of my knowledge, the information given in this application is correct and complete. I understand that the institute reserves the right to vary or reverse any decision made on the basis of incorrect, or incomplete information given by me. I further authorize the institute to obtain official records from any educational authority holding such records on me. If accepted, I agree to abide by the policies and procedures in the institute and will attend lectures regularly and subject myself to all assignment and test. I further acknowledge that once Tuition fees has been paid **NO REFUND** will be effected.

Signature: ..... Date: .....

### Submission Completed Form

Forward Completed Form to  
**THE DIRECTOR OF STUDIES**  
**PROMINENCE INSTITUTE OF MANAGEMENT AND PROFESSIONAL STUDIES (PRIMPS)**  
**P O BOX MC 1792,**  
**TAKORADI, GHANA**  
**TEL: 033-209-2474 MOBILE: 0248-614-414/0206-844-214**  
**Email: [info@primps.education](mailto:info@primps.education) Website: [www.primps.education](http://www.primps.education)**