



LEAN SIX SIGMA PROGRAMME

APPLICATION FORM

Please attach a
current
photograph of
yourself here.

Instructions

Please be complete and precise when you fill out this form; send it together with the supplementary materials to:

*Regent University College of Science and Technology
Lean Six Sigma
P.O. Box DS 1636
Dansoman-Accra
Ghana*

All fields must be completed

Use the English language only.

Please provide the following supplementary materials with the completed application forms:

*Certified copies of certificates;
Certified copies of transcript/grade list;
Two filled in and signed Reference Report forms;
A personal resume/curriculum vitae;
Two passport size photograph.*





1. Personal Data

Mr. Mrs. Ms

Surname:.....

First Name:.....

Middle Name:.....

Home address:.....

City/ Country:.....

Home telephone number:..... Mobile phone:.....

Personal e-mail:

Date of Birth (day/month/year) Nationality.....

2. Emergency contact data

Person to be notified:.....

Type of relation:.....

Address:.....

Mobile phone number:.....

E-mail:.....

3. Educational background

Highest qualification:.....

List any academic distinctions, honors, or scholarships received

.....

.....

Educational history: list the most important schools/ programs you attended (most recent first)

a) Educational institute/ University.....

Start date:..... finish date:.....

Degree/ diploma obtained?:.....

Major/ specialization:.....

b) Educational institute/ University.....

Start date:..... finish date

Degree/ diploma obtained?:.....

Major/ specialization:.....



c) Educational institute/ University.....
 Start date finish date
 Degree/ diploma obtained?:.....

Major/ specialization:.....

4. Professional background

Current employer:.....

Name of organization/ company

Current position/ jobin the position since? (month/ year).....

Description of duties and responsibilities:

Professional Society memberships:.....

5. Referee Report forms

Two Referee Report forms should accompany this application from individuals who can evaluate your professional/ academic experience and judge your likelihood of success in this program.

Names and positions of the persons who have submitted the Referee Report forms

6. Areas of competence

Indicate your relative degree of knowledge in the areas listed below:

	Basic	Good	Excellent
Statistics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Proficiency in English

Indicate your degree of knowledge of the English language

	Basic	Good	Excellent
Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. What are your professional/ learning objectives for this study?

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List your expectations regarding this study?

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.....
.....

What other information would you like to add, that would aid the Admission Committee?

.....
.....

9. How did you get to know about this programme?

.....

10. **Statement**

I hereby certify that the information given in this application form is complete and accurate to the best of my knowledge. I permit the university to use all means reasonable to verify the information I have provided in this application. I understand that if the information provided in support of this application is found to be false or inaccurate, I could be withdrawn from the programme or liable to criminal prosecution.

Signature of applicant:Date:.....

