



STUDY ABROAD REGISTRATION

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REGISTRATION INFORMATION

Name:
Surname:
Nationality:
Date of birth:
Contact Tel:
Email:

EDUCATION BACKGROUND

Field of study:
Level of study:
Qualifications:

English level: Average Good Excellent

TRAVEL INFORMATION

Where do you wish to study?

When would you like to start? January April June September

Have you ever been refused a visa before? Yes No

If yes please state the country and the reason you were given

Do you have any relative abroad? Yes No

If yes, please indicate the kind of biographical relationship

Applicant signature

Education agent signature

Date: