

KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY

2024/2025

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SONSOL APPLICATION FORM

PART 1. APPLICANT'S INFORMATION 1. a) Surname b) First Name c) Other Name(s) 2. Date of Birth 3. Gender 4. Student ID # 5. Index Number (dd/mm/yy) Male: Female: 6. a) Place of Birth/Region (e.g. b) Residential Address 7. Nationality Kumasi- Ashanti Region): 8. Religion/Religious group name 9. Hall of residence 10. Student Telecel # 11. Other Mobile # (e.g. Christianity/Pentecost Church) 13. Duration of Programme 12. Programme of Study 15. Faculty 16. Department 14. College 17. Year/Level 18. Indicate the mode by which you gained admission to the University. a) Regular Student b) Distance Learning 20. Are you a beneficiary of any 19. Residential Address when school is 21. If Yes state; Source: scholarship/bursary? in session. YES NO Date: Amount: PART 2. PARENTS/ GUARDIAN INFORMATION **FATHER** Check the box if Deceased **MOTHER** Check the box if Deceased 1. Name 1. Name 2. Marital a) Single b) Married c) Separated/Divorced 2. Marital Status a) Single b) Married c) Separated/Divorced Status 3. Residential Address 4. Mobile # 3. Residential Address 4. Mobile # 5. Number of Children 5. Number of Children

6. Occupation	7. Unemployed	6. Occupation	7. Unemployed
8. Name and Address of Employer		8. Name and Address of Employer	
PART 3. STUI	DENT'S DECLARATION		
			est of my knowledge. I understand selected, I agree to abide by the Projection
Applicants' Name		Applicants' Signature	Date
PART 4. NAM	E AND ADDRESS OF RE	EFEREE	
Please prov	vide details of one referee. He/she	MUST be a Senior Member of the	University.
REFEREE			
Name		Position	
Address		Date	
Signature &	& Stamp		
-			
https://bit.ly/Se	t to register online before submitting on sol Project 25		
Alternatively,	you can scan the QR Code to re	egister.	