



CSIR COLLEGE OF SCIENCE AND TECHNOLOGY

GRADUATION REGISTRATION FORM

(This form should be completed and returned to the Registrar)

GRADUAND'S DETAILS (Please use BLACK INK)

Name of Graduand:.....

Programme Pursued:.....

Current Address:.....

.....

Telephone Number(s):.....

Current Email Address:.....

Amount Paid: GH¢.....

Receipt of Pay in Slip:.....

Date

To:

**The Registrar
College of Science and Technology
Accra-Cantonments**

Email: graduation@ccst.edu.gh

Dear Sir/Madam,

This is to confirm that I shall attend the Congregation Ceremony scheduled for.....

.....at 8:45am at the designated venue.

Yours faithfully

.....

Signature of Graduand

IMPORTANT NOTICE:

Any graduand who is unable to attend the ceremony **SHALL** be required to pay the same amount before the collection of his/her certificate.