**ANAGKAZO BIBLE & MINISTRY TRAINING CENTRE**

**International Student Agreement**

I certify that all the information submitted on my Application for Admission is complete and accurate. I understand that to make false or fraudulent statements within my application or any supporting documents pertaining to my application may result in disciplinary action, denial of admission, and/or invalidation of credits or degrees earned. I agree, as certified by my signature below, that while attending ABMTC I will uphold all laws of Ghana as well as ordinances, and rules, regulations, policies, and procedures of ABMTC.

I understand and agree that I will be bound by the school’s policies and regulations concerning International Student Application Deadline dates and admissions requirements. If all of my documents are not submitted by the indicated Application Deadline dates, I understand and agree that my admission to ABMTC may be deferred to a later term and that updated documentation may be required.

I agree to the release of any transcripts, evaluations, student records, and/or test scores to ABMTC and understand that, once submitted, all documents become the property of ABMTC.

**Please read and check the box next to each item below to acknowledge your understanding:**

I am more than 18 years and I therefore I take responsibility for myself.

I am below 18 years and I have obtained parental consent to travel to Ghana to be trained for the period of......................../...................... (tick appropriately)

I understand that the Application Fee is non-refundable.

I understand that I must obtain resident permit from Ghana Immigration Service to attend ABMTC.

I understand that I will obtain and pay for the resident permit for the entire length of my studies at ABMTC including renewals.

I understand that I am not eligible for Financial Aid from the school.

I understand that I must maintain full-time student status (registration in 12 credits or more) in order to maintain my student status with ABMTC and that falling below full-time status will jeopardize my immigration status.

I agree that I will drop or add classes only after speaking with an International Student Advisor.

I will enroll in and complete the courses in all courses that are appropriate and/or required for the training.

I understand that non-immigrant visa students cannot be employed off-campus without

authorization from an International Student Advisor and ABMTC.

I understand that failure to meet the requirements and/or conditions of admission and enrollment at ABMTC will result in notification to Ghana Immigration Service that I am out of status.

I understand that upon my arrival in Ghana, it is my responsibility to register with the Embassy/ High Commission or my country's representative in Ghana.

I understand that ABMTC Policy requires me to purchase sickness insurance through the school.

I understand that if I decide to discontinue my training at ABMTC mid-stream, I am responsible for my own transportation back to my home and country.

I understand that in the event of need to repatriate me to my country based on issue of criminal involvement, breach of statutory immigration requirements and other such matters as stated here, ABMTC shall not be liable to pay for my repatriation. I am fully responsible to pay for my repatriation and any costs that may arise out of the criminal case.

I understand that in the unfortunate event of death, ABMTC shall only be required to notify my next-of-kin whose address I have provided. Cost of transporting my mortal remains home shall be borne entirely by my family.

Next-of-Kin:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have read the above instructions carefully and I understand that by affixing my signature here I have accepted conditions listed above.

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**Applicant’s Name** (please print clearly) Applicant’s Date of Birth\*MM/DD/YYYY

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**Applicant’s Signature**(required) Date

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**Parent’s Signature** (required if student is under the age of 18\*) Date

\* If the student is under the age of 18, he/she must obtain parental consent.

Contact Information

You can contact the Anagkazo Bible and Ministry Training Centre of Mampong Campus one of the following methods:

* By initiating a "contact us" e-mail: abmtc.admissions@gmail.com
* By calling **+233 50 468 5762 or 055 874 3397** 9a.m. to 5p.m. Tuesday through Friday
* By writing a letter and sending it to us at the following address:

Anagkazo Bible and Ministry Training Centre

ATTN: Admissions Office

P.O. Box 114

Korle-bu, Accra