#### ACCRA COLLEGE OF EDUCATION

In case of reply, the number and date of this letter should be quoted:

Our Ref: AcCE/Admissions/2017

Principal: C. B. HENAKU (MRS)



Post Office Box LG 221 Legon - Accra.

Telephone: +233(0)30 2500 961 Fax: +233(0)30 2522 153

E-mail: accracoe@yahoo.com

### OFFER OF ADMISSION TO ACCRA COLLEGE OF EDUCATION (ACCRA COE)

### FOUR-YEAR BACHELOR OF EDUCATION (B.Ed) DEGREE PROGRAMME 2021/2022

Your application for admission has been considered and you have been offered admission to pursue a Four-Year Bachelor of Education (B.Ed) Degree Programme in **MATHEMATICS** with effect from the [year] academic year.

Your acceptance of this offer implies that you have agreed to study all the subjects offered under the programme. You will also abide by the Code of Conduct for Teacher Trainees and obey the Rules and Regulations of the College.

You are required to pay in **FULL** a non-refundable Admission Fee of **Three Thousand And Two Ghana Cedis** (**GH¢ 3,002.00**) into the College account.

The College bank details are as follows:

Account Name: ACCRA COLLEGE OF EDUCATION

2. Account Branch: adb - Madina Branch

3. Account Number: 1131010014799301

You are also required to fill the attached **Acceptance Form** and submit it with the **Pay-in slip** from the bank, a photocopy of your **Admission Letter** and two (2) copies of your **Result Slip(s)** to the College to complete your registration. Deadline for registration is **FRIDAY**, **NOVEMBER 19**, **2021**.

You will forfeit the offer if we do not receive your ACCEPTANCE FORM and FEES by **FRIDAY**, **NOVEMBER 19**, **2021**.

You are required to submit your Social Security and E-ZWICH numbers to the College to facilitate the processing of your allowance. You are therefore required to register with S.S.N.I.T and any bank for the E-ZWICH numbers.

ALL FRESH STUDENTS are to report on SATURDAY, JANUARY 8, 2022. 2020-2021

Accept our congratulations.

MR ADAMU MOHAMMED

(ADMISSIONS OFFICER)



## O.L.A. COLLEGE OF EDUCATION CAPE COAST

#### ACCRA COLLEGE OF EDUCATION ACCEPTANCE OF OFFER OF ADMISSION

#### SECTION A: (To be filled and signed by the Student)

I,				
			to pursue a Four–Year Bachelor of Ed e terms and conditions stated in the Admissio	
•	any point ir	n time if I go c	Regulations governing students of the Colcontrary to any of these Rules and Regulation to me.	ŭ
Signature:				Date:
Phone		No:	233547431871	Address:
hereby register his/her training			SPONSIBILITY for the student named abo	ve during the period of
I hereby <b>PROM</b>	MISE to pla	ay an active ro	ole in the affairs of the College and to accomply the site of the College and to accomply the site of the college and to accomply the site of the college and	·
aecisions of the	College an	ia its governing	authority in all matters of discipline affecting	my ward.
Relationship	with	student:		Phone No(s):
Signature:				Date:
Address:				



# O.L.A. COLLEGE OF EDUCATION CAPE COAST