



INSTITUTE OF
PUBLIC RELATIONS
GHANA
Image Is Everything

2025 ACCREDITATION RESIT REGISTRATION FORM

COHORT I

Name: _____

Email: _____

Mobile Number: _____

Address: _____

Organization: _____

Designation: _____

Membership Category: _____ Number: _____

1. Are you in good standing? Yes No (Tick)

2. What level are you resiting for? Level I Level II Level III (Tick)
Exams Exams Exams

3. List the Courses you are resiting

4. Are you resiting for both the lectures and examinations? Yes No (Tick)

5. How many years of PR practice do you have after academic qualification?

6.(a) Who will pay your fees? Self Organization (Tick)

(b) If Organization, please provide contact details

Signature: _____

Date: _____