



iv. Marital Status:        Single         Married         Other: .....

v. Name and Address of Next of Kin: .....

vi. Relationship to next of kin: .....

vii. Do you suffer from any form of impairment?        Yes        No               

viii. If yes, specify .....

ix. Permanent Home Address: .....

**6. EDUCATION**

Schools/Colleges attended with dates:

Name of School/College and Location	Date attended		Offices Held
	From	To	

**7. EXAMINATION DETAILS**

7a. Indicate SSS, 'O' and 'A' Level Grades obtained in respective columns

SUBJECT	SSS Grades		'O' Level Grades		'A' Level Grades	
	1 <sup>st</sup>	2nd	1st	2nd	1st	2nd

7b. Indicate grades obtained in other examinations

NAME OF EXAMINATION	SUBJECTS	GRADES

**8. EMPLOYMENT HISTORY**

Particulars of past and present employment:

Employer (s)	Position	Dates

**9. PROGRAMMES BEING OFFERED:**

Indicate the programme you wish to be admitted to

**Certificate in:**

- General/Church Music
- Agro-Processing
- Agric-Business
- Horticulture
- Information Technology
- Environmental Management and Entrepreneurship
- Christian Ministry and Leadership
- Certificate in Statistics
- Certificate in Chinese

**SESSION:** Day Session  Evening Session  Weekend Session

*Please note that all agricultural programmes are offered at the Faculty of Agriculture, Wenchi.*

**10. SOURCE OF FUNDING**

Indicate how you will finance your study at the University College (Tick the appropriate box)

- i. Parent/Guardian
- ii. Scholarship
- iii. Self
- iv. Study Leave with pay
- Other (Specify): .....

- 11.** a) Name of Parent/Sponsor.....
- b) Occupation of Parent or Sponsor.....
- c) Relationship to Candidate ..... Tel No.....
- d) Name of contact person in case of emergency:.....

**IMPORTANT:** AN APPLICANT WHO MAKES A FALSE STATEMENT WILL BE REFUSED ADMISSION. IF HE/SHE HAS ALREADY BEEN ADMITTED TO THE UNIVERSITY COLLEGE, HE/SHE WILL BE ASKED TO WITHDRAW.

Date:..... Signature of applicant:.....

**DECLARATION BY WITNESS**

**The declaration should be signed by someone of high repute who should also endorse one of the passport-size photographs on the reverse side. This person should be a Senior Public Servant/Clergyman/Lawyer/Medical Practitioner.**

I certify that the photograph endorsed by me is the true likeness of the applicant.....who is personally known to me.

I have inspected his/her certificates/documents and I am satisfied that the names conform to those by which he/she is officially known.

Name:.....Signature:.....Date .....

Status:.....Address.....

<b>FOR OFFICE USE ONLY</b>
APPLICATION FEE.....
RECEIPT NUMBER.....
DATE.....
PROGRAMME OFFERED.....