

METHODIST UNIVERSITY COLLEGE GHANA



FORM NO.....

APPLICATION FOR ADMISSION TO POST- GRADUATE PROGRAMMES TO BE COMPLETED AND RETURNED TO:

THE REGISTRAR

Methodist University College Ghana
(Wesley Grammar School compound)
P. O. Box DC 940,Dansoman-Accra.
Tel. No 021-312980;314542

Affix one
photograph
here

TO REACH HIM NOT LATER THAN.....WITH THE FOLLOWING ENCLOSURES :

- i. Two (2) copies each of certified True Copies of Certificates and Transcripts
- ii. Two completed EMS pre-paid envelopes, which are attached to the Application Form
- iii. Two recent passport-size photographs, one of which should be fixed on the Form.

The remaining photograph should be endorsed (See Declaration on the back page).

CAMPUS OF STUDY: DANSOMAN

1. NAME TITLE: MR. MRS. MISS REV. OTHER (Please specify).....

SURNAME:

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FIRST NAME:

MIDDLE NAME:

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(Ensure that names correspond with those used for all examinations taken.
Provide legal proof for any change in name).

2. DATE OF BIRTH(DAY,MONTH,YEAR) 4.Address to which communication regarding
this application could be sent.....

| | | | | | | | | | | | | | | | | | | | |
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3. SEX MALE FEMALE

E-mail:
Tel:

5. PERSONAL INFORMATION:

i.HomeTown.....Region.....Nationality.....

● *Any change in address must be
communicated at once to
the Registrar.*



- iii. Religious Denomination.....
- 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
- viii. If yes, specify
- ix. Permanent Home Address:

6.0 EDUCATION

i. Previous schools attended with dates

| Name of Secondary Schools, Colleges and Universities | Attendance Dates | |
|--|------------------|----|
| | From | To |
| 1. | | |
| 2. | | |
| 3. | | |

ii. Degree(s) obtained, giving class/division (where applicable) date and subject(s) including subsidiary subject(s) if any

| Degree(s) | Class/Division | Subject(s) | Date |
|-----------|----------------|------------|------|
| 1. | | | |
| 2. | | | |

iii. Other academic qualifications

- 1..... 2.....

7.0 EMPLOYMENT HISTORY

Particulars of past and present employment

| Employer(s) | Position | Date |
|-------------|----------|------|
| 1. | | |
| 2. | | |

8.0 RESEARCH INFORMATION:

a. State areas of research in which you are particularly interested _____

b. Give a brief outline of research(es) undertaken (Use a separate sheet where necessary)

c. Duration of Research.....

d. State details of papers, books, etc. published

9.0. POST-GRADUATE PROGRAMMES BEING OFFERED (Please tick one).

- M. A. GUIDANCE AND COUNSELLING
- M. PHIL GUIDANCE AND COUNSELLING
- M. PHIL MATHEMATICS
- M. PHIL STATISTICS
- M. B. A. FINANCE (Course Work Option)
- M.B.A. FINANCE (Thesis Option)
- ACCOUNTING (Course Work Option)
- ACCOUNTING (Thesis Option)
- M.B.A. MARKETING (Course Work Option)
- M.B.A. MARKETING(Thesis Option)
- M.B.A. HUMAN RESOURCE MANAGEMENT(Course Work)
- M.B.A. HUMAN RESOURCE MANAGEMENT(Thesis Option)

10.0 RESEARCH TOPIC

State the Research Topic you wish to present for the post-graduate programme

11.0 TIME OF STUDY: EVENING SESSION ONLY

12.0 CAREER OBJECTIVES

Indicate your career objectives for the next decade

13.0 Would you require hostel accommodation on Campus? Yes No

14.0 SOURCE OF FUNDING

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

- i. Parent/Guardian
- ii. Study Leave with pay
- iii. Scholarship
- iv. Other

PLEASE NOTE: The University College does not give financial assistance to students admitted to its programmes. Before students are registered, they will be required to pay their fees in full by Bankers' Draft as indicated in the Admission Letter.

15.0. a. **Name of Parent or Sponsor**.....

b. **Relationship to Candidate**..... Tel. No:

E-mail:

c. **Permanent Address of Parent or Sponsor**.....

d. **Name of contact person in case of emergency**
.....
Address Tel No.....

16.0 **If you have ever been admitted to this University College or other Universities, you must supply the following information:**

| Name of University | Year of Admission | Course of Study | Last year in the Institution | Reasons for leaving |
|--------------------|-------------------|-----------------|------------------------------|---------------------|
| 1. | | | | |
| 2. | | | | |

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

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

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. The application will not be valid if this declaration is not signed.

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 and I am satisfied that the names on them conform to those by which, to the best of my knowledge, he/she is officially known.

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

Status:Address.....

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|----------------------------|
| FOR OFFICE USE ONLY |
| APPLICATION FEE..... |
| Receipt Number..... |
| Date..... |
| PROGRAMME OFFERED..... |