

METHODIST UNIVERSITY COLLEGE GHANA



FORM NO.....

**APPLICATION FOR ADMISSION TO DIPLOMA 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 of Certified photocopies of Result slips/Certificates / 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).

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)

d	d	m	m	y	y	y	y													

3. SEX MALE FEMALE

4. Address to which communication regarding
this application could be sent.....

.....

E-mail.....

Tel:

.....

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

5. PERSONAL INFORMATION:

i.Home Town.....

Region.....

Nationality.....

ii.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 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 Year	To Year	

7. EXAMINATION DETAILS:

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

SUBJECT	SSS Grades		'O' Level Grades		'A' Level Grades	
	1st	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 with dates:

Employer (s)	Position	Dates

9. PROGRAMMES BEING OFFERED:

Indicate the course you wish to be admitted to

Diploma in:

Horticulture General Agriculture Music Information Technology

10. SOURCE OF FUNDING: (Tick the appropriate box)

i. Parent/Guardian ii. Scholarship iii. Self
iv. Study Leave with Pay v. Other (Specify).....

11. a. Name and Address of Parent/Sponsor:

b. Occupation and Address of Parent or Sponsor:

c. Relationship to Candidate: Tel. No:

d. Name of contact person in case of emergency: Tel No.....

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.

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.

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:

FOR OFFICE USE ONLY
APPLICATION FEE.....
RECEIPT NUMBER.....
DATE.....
PROGRAMME OFFERED.....

