

METHODIST UNIVERSITY COLLEGE GHANA



FORM NO.....

APPLICATION FOR ADMISSION TO FIRST DEGREE 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.: 0302-312980; 0307-098419; 0303-974730

Affix one
 photograph
 here

TO REACH HIM NOT LATER THAN WITH THE FOLLOWING ENCLOSURES:

- i. Two copies each of certified photocopies 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).
- iv. A copy of your Birth Certificate or other legitimate document which was issued not less than five years ago.

Note: Your application will not be processed if any section on the form especially the examination details is not completed in full.

PREFERRED CAMPUS OF STUDY (PLEASE TICK ONE)

DANSOMAN TEMA WENCHI

1. NAME TITLE: MR MRS MISS REV OTHER

SURNAME:

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FIRST NAME:

MIDDLE NAME:

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Ensure that the above names correspond with those used for all examinations taken.
 Name(s) and other birth details cannot be changed after the submission of the application form.

2. DATE OF BIRTH (DAY, MONTH, YEAR)

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| D | D | M | M | Y | Y | Y | Y |

g. ANY OTHER (SPECIFY)

4. SEX: Male Female

3. MODE OF APPLICATION

- a. SSSCE/WASSCE/GBCE
- b. GCE 'A' LEVEL/ABCE
- c. UNIVERSITY DIPLOMA
- d. HND
- e. MATURE
- f. OTHER DIPLOMA

5. Postal address to which communication regarding this application could be sent

.....

E-mail:.....

Tele. No.....



Any change in address should be communicated to the Registrar immediately.

6. PERSONAL INFORMATION:

- i. Home Town: ii. Region:
- ii. Nationality: iv. Religious Denomination
- iii. Marital Status: Single Married Other
- iv. Name and Address of Next of Kin:
.....
- vi. Relationship to next of kin:.....
- vii. Do you suffer from any form of impairment/disability? Yes No
- viii. If yes, specify
- ix. Permanent Home Address:
.....

7. EDUCATION

Schools/Colleges attended with dates:

| Name of School/College and Location | Dates Attended | | Offices Held/Position |
|-------------------------------------|----------------|-----------|-----------------------|
| | From (Year) | To (Year) | |
| | | | |
| | | | |
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8. EXAMINATION DETAILS

Indicate grades obtained in these examinations.

Note: Your application will not be processed if this section is not completed in full.

| WASSCE/SSSCE Year: | | G.C.E. "O" Level Year: | | G.C.E "A" Level Year: | | Other Examination Name: Year: | |
|-----------------------|-------|---------------------------|-------|--------------------------|-------|---|-------|
| Subject | Grade | Subject | Grade | Subject | Grade | Subject | Grade |
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NOTE: Candidates seeking admission with professional or foreign certificates are required first to apply to the National Accreditation Board (NAB) for the authentication and evaluation of the certificates before the submission of the completed application forms to the University College. The results of the authentication and evaluation would be submitted directly to the University College by the NAB,

9. EMPLOYMENT HISTORY

| Employer(s) | Position | Dates |
|-------------|----------|-------|
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10. PROGRAMMES BEING OFFERED

Tick the programme you wish to be admitted to.(Please tick only one)

10.1 FACULTY OF BUSINESS ADMINISTRATION (DANSOMAN , TEMA and WENCHI)

B. B. A. in

- 1.1 ACCOUNTING OPTION
- 1.2 BANKING AND FINANCE OPTION
- 1.3 HUMAN RESOURCE MANAGEMENT OPTION
- 1.4 MARKETING OPTION
- 1.5 MANAGEMENT STUDIES OPTION
- 1.6 B.Sc PROCUREMENT AND SUPPLY CHAIN MANAGEMENT

10.2 FACULTY OF SOCIAL STUDIES (DANSOMAN CAMPUS ONLY)

- 2.1 B.SC. ECONOMICS
- 2.2 B.A PSYCHOLOGY
- 2.3 B.A SOCIAL WORK.

10.3 FACULTY OF INFORMATICS AND MATHEMATICAL SCIENCE

- 2.3 B.SC. INFORMATION TECHNOLOGY
- 2.4 B.SC. ECONOMICS AND MATHEMATICS–STATISTICS
- 2.5 B.SC. MATHEMATICS AND STATISTICS
- 2.6 B.SC ECONOMICS AND STATISTICS
- 2.7 B.SC ACTUARIAL SCIENCE

10.4 FACULTY OF ARTS AND GENERAL STUDIES (DANSOMAN CAMPUS ONLY)

- 3.1 B.A ENGLISH STUDIES
- 3.2 B.A RELIGIOUS STUDIES AND ETHICS
- 3.3 B.A FRENCH
- 3.4 B.A. MUSIC
- 3.5 B.A RELIGION, ETHICS AND PSYCHOLOGY
- 3.6 B.A COMMUNICATION STUDIES
- 3.7 B.A. RELIGION, ETHICS AND PSYCHOLOGY
- 3.7 B.F.A. THEATER STUDIES

10.5 FACULTY OF AGRICULTURE (WENCHI CAMPUS)

- 4.1 B.SC GENERAL AGRICULTURE

All students, irrespective of their programme of choice, are also required to take the following general studies courses to qualify for graduation.

- 11. SESSION** Day Session Evening Session Weekend Session

**NOTE: DAY, EVENING AND WEEKEND SESSIONS AVAILABLE AT DANSOMAN AND TEMA CAMPUSES.
DAY AND WEEKEND SESSIONS AVAILABLE AT WENCHI CAMPUS.**

12. SOURCE OF FUNDING

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

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

PLEASE NOTE: The University College does not give financial assistance to students admitted to its programmes.

13. a) Name of Parent or Sponsor:
 b) Address of Parent or Sponsor
 c) Relationship to Candidate Tel No:
 d) Name of contact person in case of emergency Tel No:.....

14. 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 |
|--------------------|-------------------|-----------------|------------------------------|---------------------|
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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 ON THE BASIS OF FALSE INFORMATION, 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:

| FOR OFFICE USE ONLY |
|------------------------------------|
| APPLICATION FEE: |
| RECEIPT NUMBER: |
| PROGRAMME OFFERED: |
| DEAN'S/CHAIRMAN'S SIGNATURE: |
| CASHIER'S NAME: |
| CASHIER'S SIGNATURE: |
| DATE: |