

# METHODIST UNIVERSITY COLLEGE GHANA



FORM NO.....

APPLICATION FOR ADMISSION TO FIRST DEGREE PROGRAMMES (FOREIGN STUDENTS)  
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; 314542; 0289119191

Affix one  
photograph  
here

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

- i. Two copies each of certified 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 certified copy of your Birth Certificate or other legitimate document of birth that is at least 5 years old.
- v. Passport No.: ..... Expiry Date: .....

**Note:** Your application will not be processed if any section on the form especially the examination details is not complete 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 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)

3. SEX: MALE  FEMALE

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### 4. MODE OF APPLICATION

- a. SSSCE/WASSCE
- b. GCE 'A' LEVEL/ABCE
- c. UNIVERSITY DIPLOMA
- d. HND
- e. PROFESSIONAL
- f. MATURE CANDIDATE
- g. OTHER DIPLOMA
- h. ANY OTHER (SPECIFY) .....

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

.....  
 E-mail:..... Tel. No.....

**6. PERSONAL INFORMATION:**

i. Home Town: ..... ii. Region: .....  
 iii. Nationality: ..... iv. Religious Denomination .....  
 v. Marital Status:       Single    Married    Other .....  
 vi. Name and Address of 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)	

**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

**9.0 EMPLOYMENT HISTORY**

Employer(s)	Position	Dates

Please note that all foreign and professional certificates are required to be authenticated and evaluated by the National Accreditation Board.

**10. PROGRAMMES BEING OFFERED**

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

**10.1 FACULTY OF BUSINESS ADMINISTRATION (DANSOMAN AND TEMA CAMPUSES ONLY)**

**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

**10.2 FACULTY OF SOCIAL STUDIES (DANSOMAN CAMPUS ONLY)**

- 2.1 B.SC. ECONOMICS
- 2.2 B.A PSYCHOLOGY
- 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

**10.3 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

**10.4 FACULTY OF AGRICULTURE (WENCHI CAMPUS ONLY AND ON DAY SESSION BASIS)**

- 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:**

- |                     |                   |
|---------------------|-------------------|
| African Studies     | Ethics            |
| Behavioural Studies | French            |
| Computer Studies    | Logic             |
| Contemporary Issues | Mathematics       |
| English             | Religious Studies |
| Entrepreneurship    |                   |

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

**NOTE: NO DAY OR WEEKEND SESSION IN TEMA  
NO EVENING OR WEEKEND SESSION IN WENCHI  
WEEKEND SESSION IS AVAILABLE ONLY AT THE DANSOMAN CAMPUS  
AND FOR BUSINESS STUDENTS ONLY**

**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. Before students are registered, they will be required to pay their fees in full by Bankers' Draft as indicated in the Admission Letter.

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

**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: .....