

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 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 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).
- iv. A certified copy of your Birth Certificate or other legitimate document that is at least 5 years old.

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

CAMPUS OF STUDY: **DANSOMAN** **TEMA**

1.0 NAME TITLE: MR MRS MISS REV. Other.....

SURNAME:

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FIRST NAME:

MIDDLE NAME:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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.

2.0 DATE OF BIRTH (DAY, MONTH, YEAR)

d	d	m	m	y	y	y	y

3.0 SEX: Male Female

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

E-mail:
Tel No:

5.0 PERSONAL INFORMATION:

i. Home Town: Region: Nationality:

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

MUCCG
POST-GRADUATE PROGRAMMES



- iii. Religious Denomination.....
- iv. Marital Status: Single Married Other
- v. Name and Address of Next of Kin:
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- 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:
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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.....

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

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
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9.0 POST-GRADUATE PROGRAMMES BEING OFFERED

I. FACULTY OF BUSINESS ADMINISTRATION

Master of Business administration (MBA)

- Accounting Human Resource Management
- Finance Marketing

The M.B.A. programme is offered as a Course Work Option only.

ii. FACULTY OF SOCIAL STUDIES

- M. A. Guidance and Counselling **Dansoman (Evening) , Tema (Weekend)**
- M.Phil Guidance and Counselling **Dansoman (Evening) only**
- M. Phil Statistics **Dansoman (Evening) only**

- 10.0 **TIME OF STUDY:** **Dansoman M.B.A. - Session: Evening Weekend**
 Tema - M.B.A. - Session: Weekend Only

11.0 **RESEARCH TOPIC**

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

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. Self
- iv. 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.

- 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**

AddressTel 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 ADMITTE 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.....
CASHIER'S NAME.....
CASHIER'S SIGNATURE.....
DATE.....