METHODOIST UNIVERSITY COLLEGE GHANA

APPLICATION FOR ADMISSION TO CERTIFICATE 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: 0302-312980; 0558309059; 0549967386

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:

FIRST NAME __________________________ MIDDLE NAME: __________________________

(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

3. SEX: Male ☐ Female ☐

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

……………………………………………………………………………………………………………………………………………

E-mail ……………………………….Tel. No………………………………………….
Any change in address must be communicated at once to the Registrar.

5. PERSONAL INFORMATION:
   i. Home Town ............................. Region ...................... Nationality: ..............
   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 ☐  No ☐
   viii. If yes, specify ................................................................. ................................
   ix. Permanent Home Address: ................................................................. ................................

6. EDUCATION

   Schools/Colleges attended with dates:

<table>
<thead>
<tr>
<th>Name of School/College and Location</th>
<th>Date attended</th>
<th>Offices Held</th>
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<td>From</td>
<td>To</td>
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7. EXAMINATION DETAILS

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

   Examination Index Number

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>SSS Grades</th>
<th>‘O’ Level Grades</th>
<th>‘A’ Level Grades</th>
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<tbody>
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<td>2nd</td>
<td>1st</td>
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</table>

   7b. Indicate grades obtained in other examinations

<table>
<thead>
<tr>
<th>NAME OF EXAMINATION</th>
<th>SUBJECTS</th>
<th>GRADES</th>
</tr>
</thead>
<tbody>
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8. **EMPLOYMENT HISTORY**

Particulars of past and present employment:

<table>
<thead>
<tr>
<th>Employer (s)</th>
<th>Position</th>
<th>Dates</th>
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9. **PROGRAMMES BEING OFFERED:**

Indicate the programme you wish to be admitted to

Certificate in Business Administration  

10. **SOURCE OF FUNDING**

Indicate how you will finance your study at the University College  

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

11. a) Name of Parent/Sponsor………………………………………………………………………

b) Occupation of Parent or Sponsor………………………………………………………………

c) Relationship to Candidate ……………………………Tel No…………………………

d) Name of contact person in case of emergency:………………………………………

**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.

Date:…………………………………Signature of applicant…………………………

**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………………
FOR OFFICE USE ONLY

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<thead>
<tr>
<th>APPLICATION FEE</th>
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<tbody>
<tr>
<td>APPLICANT’S NATIONALITY</td>
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<tr>
<td>RECEIPT NUMBER</td>
</tr>
<tr>
<td>CASHIER’S NAME/SIGN</td>
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<tr>
<td>DATE</td>
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