

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: 0302-312980; 0558309059; 0549967386

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 O THER (Please specify).....

SURNAME:

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FIRST NAME

OTHER NAMES

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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 No.....

- 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

Examination Index Number

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:

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.....
APPLICANT'S NATIONALITY
RECEIPT NUMBER.....
CASHIER'S NAME/SIGN.....
DATE