

**METHODIST UNIVERSITY COLLEGE GHANA (MUCG)
FACULTY OF EDUCATION AND ENTREPRENEURSHIP**



Form No.

APPLICATION FOR ADMISSION TO POST GRADUATE PROGRAMMES

TO BE COMPLETED AND RETURNED TO:

THE REGISTRAR
Methodist University College Ghana
 P. O. Box DC 940, Dansoman-Accra.
 Tel. No 0276723476; 0506977241; 0557664475

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 envelopes, which are attached to the completed 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).

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

1.0 NAME TITLE: MR MRS MISS REV. Other

SURNAME:

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

FIRST NAME

MIDDLE NAME:

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

Ensure that names correspond with those used for all examinations taken. (Provide legal proof for any change in name)

2.0 DATE OF BIRTH (DAY, MONTH, YEAR)

3.0 SEX: Male Female

D	D	M	M	Y	Y	Y	Y

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

.....

E-mail:

Tel. No.

5.0 PERSONAL INFORMATION:

i. Home Town Region Nationality.....

ii. Marital Status: Single Married Other

iii. Name and Address of Next of Kin:

.....

Relationship to next of kin:

iv. Religions Denomination.....

vi. Do you suffer from any form of impairment/disability? Yes No

vii. If yes, specify

viii. Permanent Home Address:

.....

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

6.0 EDUCATION

i. **Previous schools attended with dates**

Name of Secondary Schools, Colleges and Universities	Attendance Dates	
	From	To
1.		
2.		
3.		
4.		
6.		

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.			
3.			
4.			

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.		
3.		
4.		
5.		

8.0. PROGRAMMES BEING OFFERED (PLEASE TICK ONE).

DEPARTMENT OF EDUCATIONAL STUDIES

- 1. PhD in Education (3 years)
- 2. MPhil. Educational Leadership and School Improvement (2 years)
- 3. MPhil. Educational Leadership and School Improvement (1 year, Top Up)
- 4. MPhil. Educational Assessment and Evaluation (2 years)
- 5. MPhil. Educational Assessment and Evaluation (1 year, Top Up)
- 6. MPhil. Educational Administration (2 years)
- 7. MPhil. Educational Administration (1 year, Top Up)
- 8. M.Ed. Education Management and Practice (1 year)
- 9. M.Ed. Education Leadership and Innovation (1 year)
- 10. M.A Educational Leadership and School Improvement (1 year)
- 11. M.A Educational Administration and Supervision (1 year)
- 12. M.A Educational Assessment and Evaluation (1 year)

**DEPARTMENT OF ENTREPRENEURSHIP EDUCATION,
RESEARCH & TRAINING**

-
- 13. MPhil. Entrepreneurship and Corporate Strategy (2 years)
- 14. MPhil. Entrepreneurship and Corporate Strategy (1 year, Top Up)
- 15. M.A Entrepreneurship and Corporate Strategy (1 year)
- 16. M.A in Small Business Management (1 year)
- 17. M.A in Small Business Management (1 year)

9.0 TIME OF STUDY:

Evening

Weekend

10.0 SOURCE OF FUNDING

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

i. Parent/Guardian

iii. Scholarship

ii. Study Leave with pay

iv. Other

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 Banker’sDraft as indicated in the Admission Letter.

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, HE/SHE WILL BE ASKED TO WITHDRAW.

Signature of applicant..... Date

FOR OFFICE USE ONLY	
APPLICATION FEE	
APPLICANT’S NUMBER..	
CASHIER’S NAME	
CASHIER’S SIGNATURE	
DATE	