

# METHODIST UNIVERSITY COLLEGE GHANA



Form No.....

## APPLICATION FOR ADMISSION TO FIRST DEGREE (FOREIGN STUDENTS) TO BE COMPLETED AND RETURNED TO:

The Registrar  
**Methodist University College Ghana**  
P. O. Box DC 940, Dansoman-Accra.

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).

### PREFERRED CAMPUS OF STUDY (PLEASE TICK ONE)

DANSOMAN       TEMA       WENCHI

1. 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. DATE OF BIRTH (DAY, MONTH, YEAR)

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

d      d      m      m      y      y      y      y

3. MODE OF APPLICATION

- |  |   |  |
|--|---|--|
| a. SSSCE/WASSCE <input type="checkbox"/>     | b. GCE 'A' LEVEL <input type="checkbox"/>         | c. UNIVERSITY DIPLOMA <input type="checkbox"/> |
| d. HND <input type="checkbox"/>              | e. PROFESSIONAL <input type="checkbox"/>          | f. DBS <input type="checkbox"/>                |
| g. MATURE CANDIDATE <input type="checkbox"/> | h. TEACHER'S CERTIFICATE <input type="checkbox"/> |  |
| i. OTHER DIPLOMA <input type="checkbox"/>    | j. ANY OTHER (SPECIFY) .....                      |  |

4. SEX:      Male       Female

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

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

**6. PERSONAL INFORMATION:**

i. Home Town: ..... Region: .....

ii. Nationality: ..... Religious Denomination .....

iii. Marital Status:      Single       Married  Other .....

iv. Name and Address of Next of Kin: .....

.....

v. Do you suffer from any form of impairment?      Yes  No

vi. If yes, specify .....

vii. Permanent Home Address: .....

**7. EDUCATION**

Schools/Colleges attended with dates:

Name of School/College attended, and Location	Dates Attended		Offices Held/Position
	From (Year)	To (Year)	

**8. EXAMINATION DETAILS**

Indicate grades obtained in these examinations

**WASSSCE/SSSCE**

**G.C.E. "O" Level**

**G.C.E "A" Level**

**Other Examination**

**Year:**

**Year:**

**Year:**

**Name: .....Year:**

**Index Number**

**Index Number**

**Index Number**

**Index Number**

Subject	Grade	Subject	Grade	Subject	Grade	Subject	Grade

**9.0 EMPLOYMENT HISTORY**

Employer(s)	Position	Dates

**10. PROGRAMMES BEING OFFERED**

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

**10.1 FACULTY OF BUSINESS ADMINISTRATION (DANSOMAN, TEMA, WENCHI CAMPUSES)**

**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
- 1.6 BSC..PROCUREMENT & SUPPLY CHAIN MANAGEMENT

**WEEKEND SESSION IS AVAILABLE FOR ALL THE PROGRAMMES ABOVE.**

**10.2 FACULTY OF SCIENCE**

- 2.1 BSC. ACTUARIAL SCIENCE
- 2.2 B.SC. INFORMATION TECHNOLOGY
- 2.3 B.SC. ECONOMICS AND STATISTICS
- 2.4 B.SC. MATHEMATICS AND STATISTICS
- 2.5 B.SC ECONOMICS AND STATISTICS

**10.3 FACULTY OF ARTS AND SOCIAL SCIENCES (DANSOMAN CAMPUS ONLY)**

- 2.1 B.SC. ECONOMICS
- 2.2 B.A PSYCHOLOGY
- 2.3 B.A SOCIAL WORK
- 2.4 B.A ENGLISH STUDIES
- 2.5 B.A COMMUNICATION STUDIES

**All students, irrespective of their programme of choice, will be required to take some University-required courses to qualify for graduation. These include the following:**

- African Studies
- Mathematics
- French
- Logic
- Entrepreneurship
- Computer Studies
- English

11. **SESSIONS:** Day  Evening Session  Weekend Session

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, 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.....

APPLICANT'S NATIONALITY .....

RECEIPT NUMBER .....

CASHIER'S NAME/SIGN .....

DATE .....