

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
P. O. Box DC 940, Dansoman-Accra.
Tel. No 0302-312980; 0558309059; 0549967386

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).

1.0 NAME TITLE: MR MRS MISS REV. Other

SURNAME:

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FIRST NAME

MIDDLE NAME:

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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

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4.0 Address to which communication regarding this application could be sent

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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:
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- iv. Relationship to next of kin:
- v. Do you suffer from any form of impairment/disability? Yes No
- vi. If yes, specify
- vii. 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.		

- 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.....

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
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-

b. Give a brief outline of research (es) undertaken (Use a separate sheet where necessary).

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.....

c. Duration of Research

9.0. POST-GRADUATE PROGRAMMES BEING OFFERED (PLEASE TICK ONE).

Dansoman Campus

M. A. GUIDANCE & COUNSELLING *ED

M.PHIL GUIDANCE AND COUNSELLING *E

M. PHIL STATISTICS *E

M. B. A. FINANCE ED WD

M.B.A ACCOUNTING ED WD

M.B.A. MARKETING ED WD

M.B.A. HUMAN RESOURCE MANAGEMENT ED WD

Tema Campus

M. A. GUIDANCE AND COUNSELLING *W

M.PHIL GUIDANCE & COUNSELLING *W

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M. B. A. FINANCE *W

M.B.A ACCOUNTING *W

M.B.A. MARKETING *W

M.B.A. HUMAN RESOURCE MANAGEMENT *W

- 9.1 Session Codes: *E - Only Evening Session is available**
***W - Only Weekend Session is available**
ED - Dansoman Evening
WD - Dansoman Weekend

10.0 RESEARCH TOPIC

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

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.....

11.0 CAREER OBJECTIVES

Indicate your career objectives for the next decade

.....
.....

12.0 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's Draft as indicated in the Admission Letter.

- 13.0. a. Name of Parent or Sponsor
- b. Relationship to Candidate..... Tel. No E-mail.....
- c. Name of contact person in case of emergency
- Address Tel. No.....

14.0 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 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 /Signature
Date