

Form No.

APPLICATION FOR ADMISSION TO CERTIFICATE PROGRAMMES

TO BE COMPLETED AND RETURNED TO:

The Registrar
Methodist University Ghana
 P. O. Box DC 940, Dansoman-Accra.
 Tel: 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
 OTHER (Please specify).....

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. 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

7b. Indicate grades obtained in other examinations

NAME OF EXAMINATION	SUBJECTS	GRADES

8. EMPLOYMENT HISTORY

Particulars of past and present employment:

Employer (s)	Position	Dates

9. PROGRAMMES BEING OFFERED:

Indicate the programme you wish to be admitted to

Certificate in Business Administration

Certificate in Information Technology

Certificate in Agro-processing

Certificate in Agribusiness

Certificate in Horticulture

Certificate in Multi Media Studies

Certificate in Ports & Shipping Management

Professional Certificate in Psychology

Professional Certificate in Digital Marketing

Professional Certificate in Modern

Procurement Planning & Tendering Procedures

10. SOURCE OF FUNDING

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

- 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, 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

Status:..... Address.....

FOR OFFICE USE ONLY
APPLICATION FEE.....
APPLICANT'S NATIONALITY
RECEIPT NUMBER.....
CASHIER'S NAME/SIGN
DATE.....

