

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
	SURNAME:
	FIRST NAME MIDDLE NAME:
	FIRST NAME: WIDDLE 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.	SEX: Male Female
4.	Address to which communication regarding this application could be sent



	E-mailTel. No Any change in address must be communicated at once to the Registrar.
5.	PERSONAL INFORMATION:
	i. Home TownRegionNationality:
	ii. Religious Denomination
	iii. Marital Status: Single Married Other:
	iv. Name and Address of Next of Kin:
	v. Relationship to next of kin:
	vi. Do you suffer from any form of impairment? Yes No
	vii. If yes, specify
	viii. Permanent Home Address:
6.	EDUCATION
	Schools/Colleges attended with dates:
	Name of School/College and Location Date attended Offices Held
	From To
	Mark .
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
	1 _{st} 2nd 1st 2nd 1st 2nd



7b. Indicate grades obtained in other examinations NAME OF EXAMINATION **SUBJECTS GRADES EMPLOYMENT HISTORY** 8. Particulars of past and present employment: Position Employer (s) 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) Parent/Guardian ii. Scholarship iv. Study Leave with pay iii. Self 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.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.....





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