

Form No.....

| | TO BE COMPLETED AND RETURNED TO: | DENTS) |
|------|---|---------------------------|
| | The Registrar Methodist University Ghana P. O. Box DC 940, Dansoman-Accra. Tel. No 0558309059; 0549967386 | Affix one photograph here |
| | EACH HIM NOT LATER THAN WITH THE LOWING 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 photograph should be endorsed (See Declaration on the back page). | e form. The remai |
| NAN | IE TITLE: MR MRS MISS REV OTHER | |
| | FIRST NAME: MIDDLE NAME | |
| | are that names correspond with those used for all examinations taken. Provide legge in name.) | al proof for any |
| DATE | OF BIRTH (DAY, MONTH, YEAR) | |
| | | |
| d | d m m y y y | |



| | Postal address to | willen con | | | прирпсии | | | | | |
|---------------------------------------|--|-------------------------|-----------------------|-------------|------------------------|---------------|-------------------------|--------------|--|--|
| | E-mail: | | | ••••• | Tel No: | | | •••• | | |
| | PERSONAL INI | FORMATI | ON: | | | | | | | |
| | i. Home Town: | | | | Re | egion: | | ••••• | | |
| | ii. Nationality: | | | Religiou | ıs Denominat | ion | | iii. | | |
| | Marital Status: Sin | ngle M | arried | ner | | | | | | |
| | iv. Name and A | ddress of No | ext of Kin: | | | | | | | |
| | | | | | | | | | | |
| | v. Do you suffe | er from any | form of impair | ment/disab | ility? Yes | s No | | | | |
| | vi. If yes, specif | y | | | | | | | | |
| | vii. Permanent H | ome Addre | ss: | | | | | | | |
| | | Any chan | ge in address m | aust he con | municated a | t once to the | P agistrar | | | |
| | 11/2 | Any Chan | ge in address m | iusi de com | ітипісшей а | i once to the | Kegisirai | | | |
| | EDUCATION Subacile/Colleges attended with dates: | | | | | | | | | |
| Schools/Colleges attended with dates: | | | | | | | | | | |
| | Name of Sch | ool/College Location | e attended, and | | Dates Att | ended | Offices Held/ | Position | | |
| d | | <u> </u> | H | From | (Year) T | o (Year) | | | | |
| | Mariely | | | | | | | | | |
| | EXCELL | | | MO | RALL | | SERV | | | |
| | | | | 1411-2 | | | | | | |
| | | | | | | | | | | |
| | EXAMINATION Indicate grades of | | | ne | | | | | | |
| | marcate grades of | rumed in th | ese examination | 113 | | | | | | |
| | WASSCE/SSSCI Year: Number Index | Year: | E. "O" Level Name: | | "A" Level Index Num | | xamination Ye Number | ar: Index | | |
| | Subject | Grade | Subject | Grade | Subject | Grade | Subject | Grade | | |
| | | | | + | | | | | | |
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| | | | | | | | | | | |



| 9. | EMI | PLOYMENT | HISTOR | Y | | | | | | | |
|------|---------------|-------------------|-------------|---------------------|---------------|-------------|----------------------|-----------|--------------|--------|----|
| | | | Emplo | yer(s) | | | Posi | tion | | Date | s |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 10. | PRO | OGRAMMES | BEING (| FFERED |) | | | | | | |
| | Tick | the programm | ne you wisl | h to be adn | nitted | to. (Please | e tick only one) | | | | |
| 10.1 | EAC | TH TW OF D | HOINEGO | A DAMINI | CTD A | TION (D | ANICONAANI O | TEMA C | AMDUCEC | | |
| 10.1 | 1.1_ | BBA Accou | | ADMINI | 31 K A | ATION (D | ANSOMAN & | I ENIA CA | AMPUSES) | | |
| | 1.2 | BBA Bankir | - 63 | ance | | | | | J / | | |
| (| 1.3 | BBA Humar | 7 | | nent | | | | H > | | |
| | 1.4 | BBA Marke | - 11 | | | | | | _ ~ | | |
| | 1.5 | BBA Manag | / U | dies | | | | | | | |
| / | 1.6 | B.Sc. Procui | 7/4 | | hain I | Manageme | nt | | | | |
| 10.2 | FAC | CULTY OF SO | CIENCE | | | | | | | | |
| | 2.1 | B.Sc. Inform | nation Tecl | hnology | | | | | | | |
| - 3 | 2.2 | B.Sc. Genera | al Nursing | | | | | | | | |
| | 2.2 | B.Sc. Genera | al Agricult | ure | | | | | | | |
| | | NB: B.Sc. G | eneral Ag | riculture i | s offe | red only a | t Wenchi | | | | |
| 10.3 | FAC | CULTY OF A | RTS AND | SOCIAL | SCII | ENCES (D | ANSOMAN & | TEMA CA | AMPUS ON | LY) | |
| | 3.1 | B.Sc. Econo | mics | | | | | | | | |
| | 3.2 | B.A. Psycho | logy | | | | | | | | |
| | 3.3 | B.A. Social | Work | | | | | | | | |
| | 3.4 | B.A. Comm | unication S | Studies | | | | | | | |
| | | | - | _ | _ | | ice, will be requ | | ke some Uni | versit | ty |
| | Afric Fren | can Studies ch | | Entrepre English | eneurs | ship | Mathematics Logic | Co | omputer Stud | ies | |
| 11. | SES | SION Da | av Session | | Eve | ning Sessio | on \square | Weeken | d Session | | |



| 12. | SOURCE OF FUNDING Indicate how you will finance your studies at the | University (Tick tl | he appropriate bo | x) i. |
|-----|--|-------------------------|-------------------|-----------------|
| | Parent/Guardian ii. Scholarship | iii. Self | | |
| | • | | | |
| | | | | |
| | PLEASE NOTE: The University does not give fin Before students are registered, they will be required 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 emergence | y: | Tel No | |
| | | | | |
| | < | | | |
| 14. | If you have ever been admitted to this University or | other Universities, you | nust supply the | following |
| | information: | | | |
| | Name of University Year of Admission | Course of Study | Last year in | Reasons for |
| () | | VLI | the Institution | leaving |
| | | ABIA | | |
| - 4 | | ANA | | |
| | | | | |
| | EVELLENGE . MI | DALITY | . SEE | MICE |
| | - MULLELLINGE - IVII | JAMEHH | JEI | TVICE |
| | IMPORTANT: AN APPLICANT WHO MAKES INFORMATION WILL BE REFUSED ADMISSION. | | | |
| | THE UNIVERSITY, HE/SHE WILL BE ASKED | | ALKEADT BEEN | ADMITTED TO |
| | | | | |
| | Signature of applicant | Date | | |
| | | TON BY WITNESS | | |
| | The declaration should be signed by someone of his | _ | | |
| | photographs on the reverse side. This person should Practitioner. The application will not be valid if this | | | Lawyer/ Medical |
| | | - | | |
| | I certify that the photograph endorsed by me is the who is personally known to me. I have inspected him. | | | |
| | conform to those by which, to the best of my know | | | |
| | NameSignatur | ·e: | Date | |



Status: Address.....

| FOR OFFICE USE ONLY |
|---------------------------|
| Application Fee |
| Applicant's Nationality |
| Cashier's Name /Signature |
| Date |



EXCELLENCE • MORALITY • SERVICE