

APPLICATION FOR ADMISSION TO FIRST DEGREE (FOREIGN STUDENTS) TO BE COMPLETED AND RETURNED TO: The Registrar Methodist University Ghana P. O. Box DC 940, Dansoman-Accra. Tel. No 0558309059; 0549967386 TO REACH HIM NOT LATER THAN	No	•••••	•																			
Methodist University Ghana P. O. Box DC 940, Dansoman-Accra. Tel. No 0558309059; 0549967386 TO REACH HIM NOT LATER THAN		API													E (F 0	ORE	IGN	STU	DEN	NTS	5)	
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 photograph should be endorsed (See Declaration on the back page). PREFERED CAMPUS OF STUDY (PLEASE TICK ONE) DANSOMAN							Me P. 0	thod O. Bo	ist U	Jnive C 94	ersity 0, Da	ansor	nan-		ra.				pl			
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 photograph should be endorsed (See Declaration on the back page). PREFERED CAMPUS OF STUDY (PLEASE TICK ONE) DANSOMAN								AN .	••••	• • • • • •	•••••	V	VITE	I TH	E							
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DANSOMAN TEMA WENCHI NAME TITLE: MR MRS MISS REV OTHER SURNAME: FIRST NAME: MIDDLE NME (Ensure that names correspond with those used for all examinations taken. Provide legal proof for an change in name.)	PRFF																					
(Ensure that names correspond with those used for all examinations taken. Provide legal proof for an change in name.)				MP				Y (P:					E)									
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	E-mail:	•••••			Tel No:						
	PERSONAL INF	ORMATI(N:								
	i. Home Town:					Region:					
	ii. Nationality:			Religio	ous Denom	ination					
	iii. Marital Status: Single Married Other										
	iv. Name and Ado	dress of Ne	xt of Kin:	• • • • • • • • • • • • • • • • • • • •							
		·	Form of impairm								
	vii. Termanent Ho	me Addres.	· · · · · · · · · · · · · · · · · · ·		•••••			••••			
		Any chang	e in address m	ust be com	municated	l at once to the	e Registrar				
V	EDUCATION Schools/Colleges a			n	Dates Att	ended	Offices Held/P	osition			
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	EXAMINATION Indicate grades obt WASSCE/SSSCE Year: Index Number	G.C.E Year:	ese examination	G.C.E 'Year:	'A" Level	Name:	Examination Ye	ear:			
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	Employe	er(s)			Positi	on	Dat	te		
	OGRAMMES BEING OI									
Tick	the programme you wish	to be admi	itted to. (Pl	lease tick	only one)					
FAC	CULTY OF BUSINESS A	ADMINIS'	TRATION	N (DANS	SOMAN & T	EMA CAMI	PUSES)			
1.1	BBA Accounting			(2121)			1 0020)			
1.2	BBA Banking and Finar	nce								
1.3	BBA Human Resource I	Manageme	ent							
1.4	BBA Marketing									
1.5	BBA Management Stud	ies								
1.6 B.Sc. Procurement and Supply Chain Management										
FAC	CULTY OF SCIENCE									
2.1	B.Sc. Information Techn	nology								
2.2	B.Sc. General Nursing									
2.2 2.3	B.Sc. General Agricultu B.Sc Public Health Nur									
	NB: B.Sc. General Agri	iculture is	offered on	aly at We	nchi					
FAC	CULTY OF ARTS AND S	SOCIAL S	SCIENCE	S (DANS	SOMAN &T	EMA CAMI	PUS ONLY))		
3.1	B.Sc. Economics									
3.2	B.A. Psychology									
3.3	B.A. Social Work									
3.4	B.A. Communication St	udies								
Δ11	students, irrespective of t	heir prog	ramme of	choice, v	will be requir	ed to take so	ome Univers	sit		
3.1 3.2 3.3 3.4	B.A. Psychology B.A. Social Work B.A. Communication St	udies								
All students, irrespective of their programme of choice, will be required to take some Universit										



12.	SOURCE OF Indicate how y i. Parent/Guard	ou will finance your	studies at the University Scholarship	(Tick the appropriate bo	_
	iv. Study Leav	re with pay	V. Other (Specify)		
		s are registered, they w	es not give financial assist		
13.	a) Name of	Parent or Sponsor:			
	b) Address of	of Parent or Sponsor :			
	c) Relations	ship to Candidate:	Т	el No:	
	d) Name of	contact person in case	of emergency:	Tel No	
14.	If you have even information:	er been admitted to this	University or other University	ersities, you must suppl	y the following
Name	of University	Year of Admission	Course of Study	Last year in the Institution	Reasons for leaving
	Moreon				
	INFORMATIO	ON WILL BE REFUSE	HO MAKES A FALSE SED ADMISSION. IF HEADER ASKED TO WITHOU	SHE HAS ALREADY	
	Signature of ap	pplicant		Date	
			DECLARATION BY W	/ITNESS	
	photographs or	n the reverse side. This	omeone of high repute wherever should be a Senior be valid if this declaration	r Public Servant/Clergy	
	who is persona	ally known to me. I hav	d by me is the true likenore inspected his/her certifit of my knowledge, he/she	cates and I am satisfied	
	Name		Signature:	Date	



Address

FOR OFFICE USE ONLY
Application Fee
Applicant's Nationality.
Receipt Number.
Cashier's Name /Signature
Date

