

Form No.....

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PERSONAL INFORMATION:													
i. Home Town: Region: Religious Denomination. iii. Marital Status: Single Married Other. iv. Name and Address of Next of Kin:													
	v. Do you suffer from any form of impairment/disability? Yes \Box No \Box vi. If yes, specify												
vii. Permanent Hor	me Address	s:		• • • • • • • • • • • • • • • • • • • •				•••					
Any change in add	dress must	be communica	ted at one	ce to the Re	egistrar								
EDUCATION Schools/Colleges a	nttended wi	th dates:											
ame of School/Coll	n	Dates A	ttended		Offices Held/Position								
			Fro	m (Year)	To (Yea	ar)							
EXAMINATION Indicate grades obt			ns										
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Indicate grades obt WASSCE/SSSCE Year:	tained in the G.C.I	ese examination E. "O" Level :	G.C.l Year:		I	ame:	•••••						
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9. PROGRAMMES TO BE OFFERED WHEN YOU MEET THE MINIMUM ENTRY REQUIREMENT FOR A DEGREE PROGRAMME

Tick the programme you wish to be admitted to. (Please tick only one)

10.1	FACULTY OF BUSINESS ADMINISTRATION (DA	ANSOMAN & TEMA CAMPUSES)
	1.1 BBA Accounting	
	1.2 BBA Banking and Finance	
	1.3 BBA Human Resource Management	
	1.4 BBA Marketing	
	1.5 BBA Management Studies	
	1.6 B.Sc. Procurement and Supply Chain Managemer	it 🔲
10.2	FACULTY OF SCIENCE	
	2.1 B.Sc. Information Technology	
	2.2 B.Sc. General Nursing	
	2.2 B.Sc. General Agriculture	
	NB: B.Sc. General Agriculture is offered only at	Wenchi
10.3	FACULTY OF ARTS AND SOCIAL SCIENCES	
	3.1 B.Sc. Economics	
	3.2 B.A. Psychology	
	3.3 B.A. Social Work	
	3.4 B.A. Communication Studies	
11.	SESSION Day Session Evening Session	n
12.	SOURCE OF FUNDING Indicate how you will finance your studies at the Univer Parent/Guardian ii. Scholarship v. Other (Specify)	iii. Self 🗀
	PLEASE NOTE: The University does not give financial Before students are registered, they will be required to p 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 e	emergency:	Tel No
		ADMISSION. IF H	E STATEMENT OR WITHHOLDS RELEVANT E/SHE HAS ALREADY BEEN ADMITTED TO DRAW.
	Signature of applicant		Date
	DEC	CLARATION BY	WITNESS
		son should be a Sen	who should also endorse one of the passport size ior Public Servant/Clergyman/Lawyer/ Medical on is not signed.
		spected his/her cert	eness of the applicant ificates and I am satisfied that the names on them she is officially known.
	Name	Signature:	Date
Status	: Address		
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Appli	cation Fee		
Appli	cant's Nationality		
Recei	pt Number		
Cashi	er's Name /Signature		
Date.			