Form No. ……..

APPLICATION FOR ADMISSION TO CERTIFICATE PROGRAMMES

TO BE COMPLETED AND RETURNED TO:

Affix one Photograph Here

The Registrar
Methodist University Ghana
P. O. Box DC 940, Dansoman-Accra.
Tel: 0558309059; 0549967386

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:

FIRST NAME **MIDDLE 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-mail ……..…Tel. No……..……

Any change in address must be communicated at once to the Registrar.

5. PERSONAL INFORMATION:

i. Home Town ……Region …… Nationality:…….

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	

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	
	1st	2nd	1st	2nd	1st	2nd

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 Wesleyan Studies ☐

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……....