

METHODIST UNIVERSITY COLLEGE GHANA



FORM NO......

APPLICATION FOR ADMISSION TO MASTERS PROGRAMMES

(FACULTY OF EDUCATION AND ENTREPRENEURSHIP)

TO BE COMPLETED AND RETURNED TO:

THE REGISTRAR
 Methodist University College Ghana
 (Near Wesley Grammar SHS)
 P. O. Box DC 940, Dansoman, Accra
 Tel: 05426400446;0276723476;0302-312980;0307-098419

Affix one
 photograph
 here

TO REACH HIM NOT LATER THAN..... WITH THE FOLLOWING ENCLOSURES:

- i. Two copies each of certified true copies of Certificates and Transcripts
- ii. Two completed 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).

NOTE: Your application will not be processed if any section on the form, especially the examination details is not completed in full.

CAMPUS OF STUDY: **DANSOMAN**

1.0 NAME TITLE: MR MRS MISS REV. Other.....

SURNAME:

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FIRST NAME:

MIDDLE NAME:

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Ensure that names correspond with those used for all examinations taken.

Name(s) and other birth details cannot be changed after the submission of the application form.

2.0 DATE OF BIRTH (DAY, MONTH, YEAR)

d	d	m	m	y	y	y	y

4.0 Address to which communication regarding this application should be sent.....

.....

.....

E-mail:

Tel No:

3.0 SEX: Male Female

5.0 PERSONAL INFORMATION:

- i. Home Town:
- ii. Region: iii. Nationality:

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



ii. Religious Denomination.....

iii. Name and Address of Next of Kin:.....

iv. Relationship to next of kin:.....

iv. Marital Status: Single Married Other

v. Do you suffer from any form of impairment/disability Yes No

vii. If yes, specify.....

viii. Permanent Home Address:.....

6.0 EDUCATION

i. Previous schools attended with dates

Name of Secondary Schools, Colleges and Universities	Attendance Dates	
	From	To
1.		
2.		
3.		
4.		

ii. Degree(s) obtained, giving class/division (where applicable) date and subject(s) including subsidiary subject(s) if any

Degree(s)	Class/Division	Subject(s)	Date
1.			
2.			
3.			

iii. Other academic qualifications

1.....

2.....

3.....

Please note that all foreign and professional certificates are required to be authenticated and evaluated by the National Accreditation Board.

7.0 EMPLOYMENT HISTORY

Particulars of past and present employment

Employer(s)	Position	Date
1.		
2.		
3.		
4.		

- 8.0 PROGRAMME:** i. M.Ed. Education Management and Practice
 ii. M.Ed. Education Leadership and Innovation
 iii. M.A in Small Business Management

9.0 TIME OF STUDY (Session): Evening Weekend Sandwich

10.0 Would you require hostel accommodation on Campus? Yes No

11.0 SOURCE OF FUNDING

Indicate how you will finance your studies at the University College (Tick the appropriate box)

- i. Parent/Guardian iii. Scholarship iv. Other(Specify).....
 ii. Study Leave with pay iv. Self

PLEASE NOTE: The University College does not give financial assistance to students admitted to its programmes. Before students are registered, they will be required to pay their fees in full by Bankers’ Draft as would be indicated in the Admission Letter.

IMPORTANT: AN APPLICANT WHO MAKES A FALSE STATEMENT OR WITHHOLDS RELEVANT INFORMATION WILL BE REFUSED ADMISSION. IF HE/SHE HAS ALREADY BEEN ADMITTED TO THE UNIVERSITY COLLEGE ON THE BASIS OF FALSE INFORMATION, HE/SHE WILL BE ASKED TO WITHDRAW

Signature of applicant..... Date.....

FOR OFFICE USE ONLY
APPLICATION FEE.....
APPLICATION NUMBER.....
CASHIER’S NAME.....
CASHIER’S SIGNATURE.....
DATE.....