

# METHODIST UNIVERSITY COLLEGE GHANA



Form No.....

## APPLICATION FOR ADMISSION TO POSTGRADUATE PROGRAMMES TO BE COMPLETED AND RETURNED TO:

The Registrar  
**Methodist University College Ghana**  
P. O. Box DC 940, Dansoman-Accra.  
Tel: 0302-312980; 0558309059; 0549967386

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 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).

**1.0** 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. Provide legal proof for any change in name)

**2.0** **DATE OF BIRTH (DAY, MONTH, YEAR)**

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**3.0** **SEX:** Male  Female

**4.0** **Address to which communication regarding this application could be sent**

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E-mail: ..... Tel. No.....

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

**5.0 PERSONAL INFORMATION:**

- i. Home Town .....Region .....Nationality.....
- iii. Religious Denomination.....
- iv. Marital Status:      Single  Married  Other .....
- v. Name and Address of Next of Kin: .....
- vi. Relationship to next of kin: .....
- vii. Do you suffer from any form of impairment?      Yes
- viii. If yes, specify .....
- ix. 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.		

**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.			

**iii. Other academic qualifications**

- 1.....
- 2.....

**7.0 EMPLOYMENT HISTORY**

Particulars of past and present employment

Employer(s)	Position	Date
1.		
2.		

**8.0 RESEARCH INFORMATION:**

a. State areas of research in which you are particularly interested\_\_\_\_\_

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b. Give a brief outline of research(es) undertaken (Use a separate sheet where necessary)

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c. Duration of Research.....

**9.0. POSTGRADUATE PROGRAMMES BEING OFFERED (Please tick one).**

**Dansoman Campus**

- M. A. GUIDANCE AND COUNSELLING \*E
- M.PHIL GUIDANCE AND COUNSELLING \*E
- M. PHIL STATISTICS \*E
- M. B. A. FINANCE ED WD
- M.B.A ACCOUNTING ED WD
- M.B.A. MARKETING ED WD
- M.B.A. HUMAN RESOURCE MANAGEMENT ED WD

**Tema Campus**

- M. A. GUIDANCE & COUNSELLING \*W
- M.PHIL GUIDANCE & COUNSELLING \*W
- 
- M. B. A. FINANCE \*W
- M.B.A ACCOUNTING \*W
- M.B.A. MARKETING \*W
- M.B.A. HUMAN RESOURCE MANAGEMENT \*W

**9.1 Session Codes: \*E - Only Evening Session is available**

**\*W - Only Weekend Session is available**

**ED - Dansoman Evening**

**WD - Dansoman Weekend**

**10. RESEARCH TOPIC**

State the Research Topic you wish to present for the post-graduate programme

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**11.0 CAREER OBJECTIVES**

Indicate your career objectives for the next decade

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**12.0 SOURCE OF FUNDING**

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

- i. Parent/Guardian       iii. Scholarship   
ii. Study Leave with pay       iv. Other

**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 indicated in the Admission Letter.

- 13.0.** a. Name of Parent or Sponsor.....  
b. Relationship to Candidate..... Tel. No: ..... E-mail: .....  
c. Name of Contact person in case of emergency .....

Address ..... Tel No.....

**14.0 If you have ever been admitted to this University College or other Universities, you must supply the following information:**

Name of University	Year of Admission	Course of Study	Last year in the Institution	Reasons for leaving
1.				
2.				

**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, HE/SHE WILL BE ASKED TO WITHDRAW.

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

**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. The application will not be valid if this declaration is not signed.

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 and I am satisfied that the names on them conform to those by which, to the best of my knowledge, he/she is officially known.

Name.....Signature: .....Date.....

Status: .....Address.....

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