APPLICATION FOR ADMISSION TO FIRST DEGREE PROGRAMMES
TO BE COMPLETED AND RETURNED TO:

THE REGISTRAR
Methodist University College Ghana
P. O. Box DC 940, Dansoman-Accra.
Tel. No 0302–312980; 0558309059; 0549967386

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

i. Two copies each 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).

PREFERED CAMPUS OF STUDY (PLEASE TICK ONE)

DANSONAN □  TEMA □  WENCHI □

1. NAME TITLE: MR □  MRS □  MISS □  REV. □  OTHER ..............................

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. MODE OF APPLICATION
   a. SSSCE/WASSCE/GBCE □  b. GCE ‘A’ LEVEL/ABCE □
   c. UNIVERSITY DIPLOMA □  d. HND □
   e. PROFESSIONAL □  f. MATURE CANDIDATE □
   g. OTHER DIPLOMA □  h. ANY OTHER (SPECIFY) ..................

4. SEX:  Male □  Female □
5. **Postal address to which communication regarding this application could be sent**
..........................................................................................................................
E-mail:.................................................................Tel No:.................................................................

6. **PERSONAL INFORMATION:**
   i. Home Town: ………………………………………. Region: ……………………………
   ii. Nationality:…………………………………….. 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 ☐ No ☐
   vi. If yes, specify…………………………………………………………………………………………..
   vii. Permanent Home Address: .............................................................................................

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

7. **EDUCATION**
   Schools/Colleges attended with dates:

<table>
<thead>
<tr>
<th>Name of School/College attended, and Location</th>
<th>Dates Attended</th>
<th>Offices Held/Position</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>From (Year)</td>
<td>To (Year)</td>
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</table>

8. **EXAMINATION DETAILS**
   Indicate grades obtained in these examinations

<table>
<thead>
<tr>
<th>WASSCE/SSSCE</th>
<th>G.C.E. “O” Level</th>
<th>G.C.E. “A” Level</th>
<th>Other Examination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year:</td>
<td>Year:</td>
<td>Year:</td>
<td>Name: ............Year:</td>
</tr>
<tr>
<td>Index Number</td>
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9. **EMPLOYMENT HISTORY**

<table>
<thead>
<tr>
<th>Employer(s)</th>
<th>Position</th>
<th>Dates</th>
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10. PROGRAMMES BEING OFFERED
Tick the programme you wish to be admitted to. (Please tick only one)

10.1 FACULTY OF BUSINESS ADMINISTRATION (DANSOMAN & 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 Management  

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 (DANSOMAN & TEMA CAMPUS ONLY)
3.1 B.Sc. Economics  
3.2 B.A. Psychology  
3.3 B.A. Social Work  
3.4 B.A. Communication Studies  

All students, irrespective of their programme of choice, will be required to take some University-required courses to qualify for graduation. These include the following:

<table>
<thead>
<tr>
<th>Course</th>
<th></th>
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<tbody>
<tr>
<td>African Studies</td>
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<tr>
<td>Entrepreneurship</td>
<td></td>
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<tr>
<td>Mathematics</td>
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<tr>
<td>Computer Studies</td>
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<tr>
<td>French</td>
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<tr>
<td>English</td>
<td></td>
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<tr>
<td>Logic</td>
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</table>

11. SESSION
Day Session  
Evening Session  
Weekend Session  

12. SOURCE OF FUNDING
Indicate how you will finance your studies at the University College (Tick the appropriate box)

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

*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 Banker’s Draft as indicated in 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 emergency: ……………………………Tel No. …………………
14. If you have ever been admitted to this University College or other Universities, you must supply the following information:

<table>
<thead>
<tr>
<th>Name of University</th>
<th>Year of Admission</th>
<th>Course of Study</th>
<th>Last year in the Institution</th>
<th>Reasons for leaving</th>
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**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…………………………………………..

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**FOR OFFICE USE ONLY**

Application Fee …………………………………………………………………………………………………………………

Applicant’s Nationality………………………………………………………………………………………………………………

Receipt Number…………………………………………………………………………………………………………………………

Cashier’s Name /Signature …………………………………………………………………………………………………………………

Date……………………………………………………………………………………………………………………………………