



**ACCREDITED BY THE NATIONAL ACCREDITATION BOARD OF GHANA**

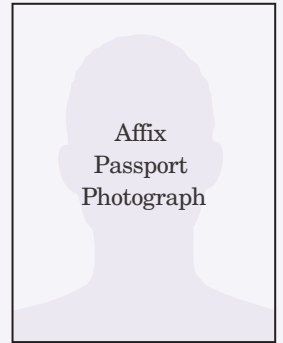
AFFILIATED TO THE KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY, KUMASI (KNUST),  
GHANA INSTITUTE OF MANAGEMENT AND PUBLIC ADMINISTRATION (GIMPA) - ACCRA AND THE UNIVERSITY OF CAPE COAST (UCC)

**APPLICATION FOR ADMISSION  
TO UNDERGRADUATE PROGRAMMES**

**NOTE**

1. **Read the Guidelines CAREFULLY before filling the form.**
2. This form must be completed in block letters.
3. Entry requirements are indicated in the Advert.
4. Study the West African Examinations Council's equivalents of Grades (SSSCE /WASSCE/etc.) The equivalents are indicated on page 4.

**CAREFULLY read before filling the form.**



**PART I**

I APPLY for .....20.....admission to the MountCrest University College (Week-Day/ Evening/ Weekend) for the purpose of taking the ..... programme.

**APPLICANT'S PERSONAL INFORMATION**

1. Name in full (as indicated on certificate(s) / result slip(s)):

.....

**(Surname)**

.....

**(First name)**

.....

**(Middle name(s))**

.....

**(Title – Mr/Mrs/Miss/Ms/Dr. etc)**

2. Sex:  M  F

3. ....

**(Date & Place of Birth)**

4. Nationality:

.....

5. Postal Address at which you can be reached quickly:

.....

6. EMAIL

.....

7. Permanent Residential Address:

.....

.....

Contact Details: Tel. No:

.....

8. Home Town (For Home Students)

.....

.....

9. Home Town/State (For foreign Students)

.....

.....

**(Country)**

10. Religious Denomination:

.....

11. Marital Status:

**(Married) (Single) (Divorced) (Separated)**

12. Number of Children (if any):

.....

13. Language(s) Spoken:

.....

.....

14. Next of Kin:

.....

Residential Address:

.....

.....

Contact Details (Tel):

.....

Email:

.....

15. Name of Parent/Guardian:

.....

Residential Address:

.....

.....

Occupation of Parent / Guardian:

.....

Contact Details of Parent / Guardian(Tel):

.....

Email:

.....

16(a). Are you currently in employment?

**(Yes)**

**(No)**

(b). Self employed?

**(Yes)**

**(No)**

17. If 'Yes':

(i) Indicate type / nature of employment:

.....

(ii) Name and address of Employer:

.....

.....

.....

18. Do you have any specific career plans?

**(Yes)**

**(No)**

19. If 'Yes', specify:

.....

.....

20. Indicate any disability.

.....

**PART II (ACADEMIC)**

**SECONDARY SCHOOLS/TRAINING COLLEGES ATTENDED WITH DATES**

Name of School & Location	Date (From)	Date (To)

**(SSSCE/ WASSCE/ GCE ‘O’ or ‘A’ LEVEL) RESULTS**

**MATURE STUDENTS/ INTERNATIONAL BACCALAUREATE**

Type Of Examination Certificate 1st Sitting: .....		Type Of Examination Certificate 2nd Sitting: .....		Type Of Examination Certificate 3rd Sitting: .....	
Index No.	Year	Index No.	Year	Index No.	Year
Subject	Grade	Subject	Grade	Subject	Grade

OVERALL AGGREGATE: .....

**(ATTACH CERTIFIED TRUE PHOTOCOPY OF RESULTS SLIP(S) / CERTIFICATE(S))**

**PART II (ACADEMIC)****WEST AFRICAN EXAMINATION COUNCIL EQUIVALENTS OF GRADE (WASSCE/SSSCE)**

<b>WASSCE International (Current System)</b>	<b>SSSCE (Old System)</b>	<b>Interpretation</b>
A1	A	Excellent
B2	B	Very Good
B3	C	Good
C4/C5/C6	D	Credit
D7/E8	E	Pass
F9	F	Fail

**POLYTECHNIC / UNIVERSITY ATTENDED WITH DATES**

<b>Institution</b>	<b>Year</b>	<b>Basic Qualification</b>	<b>Class</b>

**MEMBERSHIP OF PROFESSIONAL BODY/ BODIES (IF ANY)**

<b>Name of Professional Body</b>	<b>Year</b>	<b>Position Held</b>

**PROFESSIONAL QUALIFICATION(S) AND YEAR OBTAINED (IF ANY)**

<b>Institution</b>	<b>Year</b>	<b>Professional Qualification and Year Obtained</b>

### PART III

Programme applying for (please tick the appropriate box for the choice of programme and write at the back of envelope the programme(s) chosen).

#### FACULTY OF LAWS

##### LLB

**Post 1st Degree LLB applicants only:**

- Evening – From 5.30 p.m. to 8.30 p.m.  
(Monday – Friday)
- Week-end – Saturday (6.00 a.m. to 8.00 p.m.) &  
Sunday (6.30 a.m. – 12 (noon))

##### LLB - Law

(for WASSCE/ SSSCE/ GCE 'O' or 'A' LEVEL  
Candidates/ Mature Student/ HND

- Day and Week-end Sessions

#### FACULTY OF ARTS AND SOCIAL SCIENCE

**BA - French**

**BA - History**

**BA - Political Science**

**BA - Economics**

**BA - Religious Studies**

**BA - Sociology**

#### FACULTY OF ARTS AND SOCIAL WORK

**BA - Social Policy**

**BA - Community  
Development**

#### FACULTY OF COMMUNICATIONS AND PUBLISHING STUDIES

**BA Publishing Studies**

#### FACULTY OF AGRICULTURE AND NATURAL RESOURCES

**BSc Agriculture**

#### MEDICAL SCHOOL

**BSc Medical Sciences  
(Leading to the MB  
ChB qualifications)**

**BSc Physician  
Assistant Studies**

**BSc Physician Assistant  
Studies (Top up)**

**BSc Medical  
Laboratory Science**

#### SCHOOL OF PUBLIC HEALTH & TROPICAL HYGIENE

**BSc Health Services  
Management / Hospital  
Management**

**BSc Public Health**

#### SCHOOL OF HEALTH SCIENCES

**BSc Nursing**

**BSc Midwifery**

**PART IV**

**DECLARATION**

1. To be completed by the candidate:

I ..... DO HEREBY DECLARE that all the information given and attachments to this form are true and accurate in every detail. I understand that any falsification renders my admission liable to be withdrawn if already admitted into the University College, and that my degree will be withdrawn if discovered after graduation.

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

2. To be completed by the person endorsing passport- size photograph(s) eg: the Head of your former School or a Reverend Minister or \*Head of your present employment or a Lawyer or a Member of Parliament

I CERTIFY that Mr./ Miss/ Mrs. /Dr./ Hon. .... in whose presence I sign this form is personally known to me and the photographs I have endorsed are his/her true likeness.

SIGNATURE: ..... DATE: .....

FULL NAME: ..... STAMP: .....

RANK AND FULL ADDRESS: .....

Application Deadline: The application deadline for all candidates is ...../ ...../ 201... To be considered for admission the application and all supporting materials must be submitted on or before ...../...../ 201...

COMPLETED APPLICATION FORMS TOGETHER WITH SUPPORTING/ RELEVANT MATERIALS SHOULD BE RETURNED:

**EITHER:**

**BY POST TO:**

Registrar  
Mountcrest University College  
Kanda Campus  
P.O. Box Yk 1408  
Kanda - Accra

**BY HAND DELIVERY TO:**

Registrar  
Mountcrest University College  
Kanda Campus, Readwide Building  
12 Ablade Road, Kanda Estates  
Kanda - Accra, Ghana

**For Official Use only:**

Date Received .....

Name & Signature of Receiving Officer & Date .....

**RESULT OF APPLICATION:**

Admitted:

Not Admitted:

**Rremarks:** .....

.....

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