

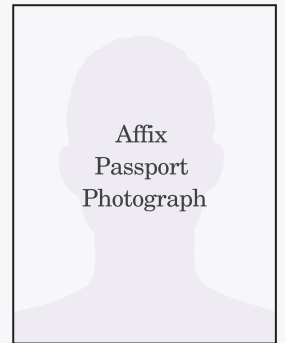


**ACCREDITED BY THE NATIONAL ACCREDITATION BOARD OF GHANA**  
(AFFILIATED TO THE KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY, KUMASI (KNUST))

# APPLICATION FOR ADMISSION TO POST-GRADUATE 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.



### PART I

I APPLY for .....20.....admission to the MountCrest University College in the session (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 – Mr/Mrs/Miss/Ms/Dr. etc)**

.....

**(Middle name(s))**

2. Sex:  M  F

.....

**(Date & Place of Birth)**

3. Nationality:

.....

4. Postal and Email Address at which you can be reached quickly:

.....

.....

5. Permanent Residential Address:

.....

.....

Contact Details: Tel. No:

.....

6. Home Town / State:

.....

.....

**(Country)**

7. Religious Denomination:

.....

8. Marital Status:

**(Married)**

**(Single)**

9. Number of Children (if any):

.....

10. Language(s) Spoken:

.....

.....

11. Next of Kin:

.....

Residential Address:

.....

.....

Contact Details (Tel):

.....

Email:

.....

12. Name of Parent/Guardian:

.....

Residential Address:

.....

.....

Occupation of Parent / Guardian:

.....

Contact Details of Parent / Guardian(Tel):

.....

Email:

.....

13. Are you currently in employment?

**(Yes)**

**(No)**

14. If 'Yes':

(i) Indicate type / nature of employment:

.....

(ii) Name and address of Employer:

.....

.....

.....

15. Indicate any Physical Disability:

.....

.....

16. Do you have any specific career plans?

**(Yes)**

**(No)**

17. If 'Yes', specify:

.....

.....

**PART II (ACADEMIC)**

## SECONDARY SCHOOLS/TRAINING COLLEGES ATTENDED WITH DATES

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

## TYPE OF EXAMINATION CERTIFICATE

WASSCE

SSSCE

SHSCE

GCE 'O' LEVEL

GCE 'A' LEVEL

**PART II (ACADEMIC)**

## POLYTECHNIC / UNIVERSITY ATTENDED

Institution	Year	Basic Qualification	Class

## MEMBERSHIP OF PROFESSIONAL BODY (IF ANY)

Name of Professional Body	Year	Position Held

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

Institution	Year	Professional Qualification	Present Grade

**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**

**LLM**

**Entry Requirement:**

- **A good first degree in law.**
- Evening – From 5.30 p.m. to 8.30 p.m.  
(Monday – Friday)

**SCHOOL OF PUBLIC HEALTH & TROPICAL HYGIENE**

**Master of Public Health (MPH)**

**MSc Health Services Management**  
**Entry Requirement:**

- **A good first degree in the Arts, Humanities, Social Sciences, Law and Life / Physical Sciences.**
- Evening – From 5.30 p.m. to 8.30 p.m.  
(Monday – Friday)

**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 my degree withdrawn if discovered after graduation.

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

2. To be completed by the Head of your former School or a Reverend Minister or \*Head of your present employment or a Lawyer.

I CERTIFY that Mr./Miss/Mrs. .... 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 ...../...../..... To be considered for admission the application and all supporting materials must be submitted on or before ...../...../.....

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

**EITHER:**

**BY POST TO:**

Assistant Registrar (Academic)  
Mountcrest University College  
Kanda Campus  
P.O. Box Yk 1408  
Kanda  
Ghana

**BY HAND DELIVERY TO:**

Assistant Registrar (Academic)  
Mountcrest University College  
Kanda Campus  
Readwide Building  
12 Ablade Road  
Kanda Estates  
Kanda-Accra  
Ghana

**For Official Use only:**

Date Received/of Receipt .....

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

**RESULT OF APPLICATION:**

Admitted:

Not Admitted: