

Application Form



Master of Education in Educational Studies

IMPORTANT INFORMATION:

CANDIDATES ARE REQUESTED TO SEND THE COMPLETED FORM TO:

The Registrar
Presbyterian University College, Ghana
P. O. Box 59 Abetifi - Kwahu
Ghana

Please provide the following information:

- a. Two (2) Copies each of Certified True Copies of certificates, academic transcripts and any other academic record.
- b. Two (2) recent passport size photographs, one (1) of which should be affixed to the form.
- c. Two (2) Completed Referee Forms from two (2) persons, at least one (1) from an educational institution.

NOTE:

Application will only be processed when the appropriate processing fee has been paid

Applicants **with Education background** will do **2 Semesters**

Applicants **without Education background** will do **3 Semesters**



SECTION A – PERSONAL DATA

1. NAME

Title: Mr. Mrs. Miss. Rev. Other (Please specify) _____

Surname:

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First Name:

Middle Name

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2. Address: _____

Email Address: _____

Telephone Number(s): _____

3. DATE OF BIRTH

4. Gender: Male Female

D	D	M	M	Y	Y	Y	Y
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5. Hometown: _____

7. Nationality: _____

6. Region: _____

8. Marital Status: _____

9. Do you have any disability? No Yes

If Yes Please specify _____

10. Contact Person in Case of Emergency:

Name: _____

Email Address: _____

Tel: _____

**SECTION B: EDUCATION**

11. Institutions attended and Qualifications obtained starting with the latest.

QUALIFICATIONS	SCHOOL/COLLEGE/UNIVERSITY ATTENDED	YEAR OF COMPLETION	GRADES OBTAINED/ CLASSIFICATION
(i) Academic - degree and high school certificates			
(ii) Professional courses			
(iii) Others			

SECTION C: WORK EXPERIENCE

12. Work/Research experience (where applicable)

OCCUPATION	EMPLOYER	WORK STATION	DURATION



13. How will you finance your studies? Employer Self
Other [Please Specify]

14. How did you find out about PUCG?
 Website Social Media Friends Television Radio
 Recommendation Brochures Outreach Educational Fair

SECTION D: REFEREES

15. Name two persons to act as your referees. They should be well placed to report on your potential as a postgraduate student in your chosen area of study, one of which should have been your lecturer in undergraduate/graduate programme.

Name: _____

Address: _____

Email Address: _____

Telephone Number(s) : _____

Name: _____

Address: _____

Email Address: _____

Telephone Number(s) : _____

SECTION E: DECLARATION BY APPLICANT

I hereby declare that to the best of my knowledge the information I have provided are correct.

Signature:

Date:

SECTION F

For Official Use Only:

Recommendations

Approved []

Not Approved []

Deferred []

Reasons for deferment:

Incomplete Information []

Others: _____

Signature of Officer: _____

Date: _____

SECTION G:

Action to be taken

Admit []

Reject []

Follow-up action: _____

Officer's Name: _____

Signature: _____

Date: _____



PRESBYTERIAN UNIVERSITY COLLEGE, GHANA

REFEREE FORM

SECTION A: (To be Completed by Applicant)

Full Name: _____
First Middle Last

Qualification: _____

Institution: _____

SECTION B: (To be Completed by Referee)

The Applicant named above has applied to pursue Master of Education in Educational Studies. As a named referee, you are requested to provide an assessment of the applicant in the following areas. For each category, tick [] the most appropriate box.

	SUPERIOR	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE	NOT OBSERVED
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aptitude for Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industry & Resourcefulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Optional: Any other information (Additional Sheet(s) could be attached, if necessary)

Recommendation (Please tick [] one)

I Recommend applicant without reservation

I Recommend application with reservation

I cannot recommend applicant at this time

Name: _____ **Position** _____

Address: _____ **Telephone** _____

Signature _____ **Date:** _____

Kindly return the completed form directly to **The Registrar, Presbyterian University College, Ghana, P. O. Box 59 Abetifi- Ghana**