

# **Admission Form**



**School of Graduate 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

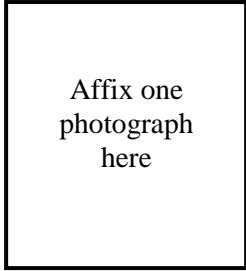
**Post-Graduate Programmes Being Offered (Please tick one)**

- |  |                          |
|--|--------------------------|
| M.Ed. Educational Studies                | <input type="checkbox"/> |
| M.A International Development Studies    | <input type="checkbox"/> |
| M.Sc Environmental Health and Sanitation | <input type="checkbox"/> |

**Preferred Campus (Please tick one)**

- |                |                          |
|----------------|--------------------------|
| Akuapem Campus | <input type="checkbox"/> |
| Kumasi Campus  | <input type="checkbox"/> |
| Okwahu Campus  | <input type="checkbox"/> |

**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

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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**

<b>QUALIFICATIONS</b>	<b>SCHOOL/COLLEGE/UNIVERSITY ATTENDED</b>	<b>YEAR OF COMPLETION</b>	<b>GRADES OBTAINED/ CLASSIFICATION</b>
(i) <b>Academic</b> – degree and/or high school certificates			
(ii) <b>Professional Courses</b>			
(iii) <b>Others</b>			

**SECTION C: WORK EXPERIENCE**

**12. WORK/RESEARCH EXPERIENCE (WHERE APPLICABLE)**

<b>OCCUPATION</b>	<b>EMPLOYER</b>	<b>WORK STATION</b>	<b>DURATION</b>

**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.

a. **Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_  
**Telephone Number(s):** \_\_\_\_\_

b. **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 \_\_\_\_\_. 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)

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**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: \_\_\_\_\_