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
- M.A International Development Studies
- M.Sc Environmental Health and Sanitation
- M.Sc Natural Resources Management
- M.Sc Financial Risk Management

Preferred Campus (Please tick one)

- Akuapem Campus
- Kumasi Campus
- Okwahu Campus
- Tema Campus

Preferred Stream _________________________
(Please see attached guideline)
SEASON A – PERSONAL DATA

1. NAME
TITLE: Mr. [ ] Mrs. [ ] Miss. [ ] Rev. [ ] other (Please specify) __________

SURNAME: ____________________________________________

FIRST NAME: __________________________________________
MIDDLE NAME: _________________________________________

2. ADDRESS: __________________________________________

EMAIL ADDRESS: ________________________________________

TELEPHONE NUMBER(S): __________________________________

3. DATE OF BIRTH: ____________

4. GENDER: Male[ ] Female[ ]

5. HOMETOWN: ____________

6. REGION: ________________

7. NATIONALITY: ____________

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

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

SECTION C: WORK EXPERIENCE

12. WORK/RESEARCH EXPERIENCE (WHERE APPLICABLE)

<table>
<thead>
<tr>
<th>OCCUPATION</th>
<th>EMPLOYER</th>
<th>WORK STATION</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
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: ________________________________
SECTION A: (To be Completed by Applicant)

Full Name: ____________________________

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.

<table>
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<tr>
<th>SUPERIOR</th>
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<th>AVERAGE</th>
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<tbody>
<tr>
<td>Academic Achievement</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<td>□</td>
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<tr>
<td>Aptitude for Research</td>
<td>□</td>
<td>□</td>
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<tr>
<td>Maturity</td>
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<tr>
<td>Writing Ability</td>
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<td>Industry &amp; Resourcefulness</td>
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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: ___________________________

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