

## **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.Phil Educational Studies	<input type="checkbox"/>
M.Ed. Educational Studies	<input type="checkbox"/>
M.A International Development Studies	<input type="checkbox"/>
M.Sc Environmental Health and Sanitation	<input type="checkbox"/>
M.Sc Natural Resources Management	<input type="checkbox"/>
M.Sc Financial Risk Management	<input type="checkbox"/>
Master of Public Health	<input type="checkbox"/>

**Preferred Campus (Please tick one)**

Akuapem Campus	<input type="checkbox"/>	Okwahu Campus	<input type="checkbox"/>
Asante Akyem Campus	<input type="checkbox"/>	Tema Campus	<input type="checkbox"/>
Kumasi Campus	<input type="checkbox"/>		

**Preferred Stream** \_\_\_\_\_

*(Please see attached guideline)*



**SECTION A – PERSONAL DATA**

Affix one  
photograph  
here

**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

QUALIFICATIONS	SCHOOL/COLLEGE/UNIVERSITY ATTENDED	YEAR OF COMPLETION	GRADES OBTAINED/ CLASSIFICATION
(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)

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.

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: \_\_\_\_\_



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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"/>

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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: \_\_\_\_\_