

Admission Form



School of Graduate Studies

IMPORTANT INFORMATION:

Candidates are requested to send the completed form to:

The Registrar

Presbyterian University, 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"/> |

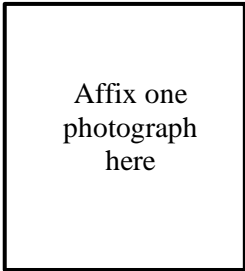
Preferred Campus (Please tick one)

- | | | | |
|---------------------|--------------------------|---------------|--------------------------|
| 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



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

<small>D</small>	<small>D</small>	<small>M</small>	<small>M</small>	<small>Y</small>	<small>Y</small>	<small>Y</small>	<small>Y</small>

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/or 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.

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, 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)

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, Ghana, P. O. Box 59 Abetifi- Ghana**



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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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Address: _____ Telephone _____

Signature _____ Date: _____

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