



**GARDEN CITY UNIVERSITY COLLEGE
APPLICATION FOR ADMISSION INTO POST GRADUATE PROGRAMMES**

Kindly forward this application form upon filling and attaching all relevant documents to:

**THE SCHOOL OF GRADUATE STUDIES AND RESEARCH
GARDEN CITY UNIVERSITY COLLEGE
P. O. BOX KS 12775
KENYASE – KUMASI, GHANA**

AFFIX
PASSPORT-
SIZED
PHOTOGRAPH
HERE

Please Call/WhatsApp: 0267385354 / 0507882827 / 0545543589 for further enquiries

- i. Application fee of GH¢ 250.00 for Ghanaians and \$70 for Non-Ghanaians (Foreigners).
- ii. Certified photocopies of result slips, transcripts, certificates and licenses (where applicable) should be attached to this form.
Original result slips or certificates must be presented for verification at registration.
- iii. Four recent passport-sized photographs should be attached to this form. (One of the photographs should be endorsed). See Declaration on page 4. Names should be written on back of remaining photographs).
- iv. One-page letter of intent/purpose

*(Mr./Mrs./Miss.) *Strike out whichever is not applicable.*

1. NAME

SURNAME

FIRST NAME

MIDDLE NAME(S)

(Names must correspond exactly with those used for all examinations taken. Provide legal proof for any change in name).

2. Gender (1 – Male 2 – Female)

3a. Date of Birth

dd mm yy.

3b. Place of Birth:.....

4a. Nationality:.....

4b. Current Region/State of Residence:

5a. Marital Status: (1 – Single 2 – Married) 5b. Number of Children:

6a. Religion:..... 6b. Denomination:.....

7. Postal Address:

.....

11b. **Indicate the session you would like to join by ticking the appropriate box**

(i) **Full Time** (ii) **Part-time**

12. **PROGRAMME:**

MSc. (Midwifery) with Research

13. **Indicate how you will finance your study at the University College.**

i. Self ii. SLT Fund Loan iii. Study Leave with pay
 iv. Other Specify.....

14. (a) Name of Next of Kin:
 (b) Relationship to Candidate:
 (c) Address of Next of Kin:
 (d) Name of Emergency Contact:
 (e) Address of Emergency Contact:

15. **REFEREES**

Name two persons to whom reference may be made and you have asked to support this application with a confidential letter, of these;

- One from a former lecturer, dean or head of the college or university attended.
- One from a Senior Public Servant or person belonging to a recognized profession (e.g., the clergy, legal, medical, etc.)

REFEREE 1

Name:
 Position:
 Address:

 Contact number (s):
 Email:

REFEREE 2

Name:
Position:
Address:
.....
Contact number (s):
Email:

IMPORTANT: AN APPLICANT WHO MAKES A FALSE STATEMENT OR WITHHOLDS RELEVANT INFORMATION, MAY BE REFUSED ADMISSION. IF HE/SHE HAS ALREADY BEEN ADMITTED TO THE UNIVERSITY COLLEGE, HE/SHE WILL BE WITHDRAWN.

Date:..... Signature of Applicant:.....

Note: All copies of documents submitted in connection with this application become the property of this University College

How did you hear of us? (Tick):

TV	Radio	Newspaper	Friends/Relatives	Other Specify.....
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FOR OFFICIAL USE ONLY

Application Fee:..... Receipt No.:.....
Date:.....

Programme offered by the Admission Board

Programme	
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