

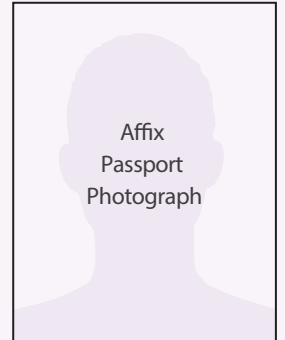


## APPLICATION FOR ADMISSION TO UNDERGRADUATE PROGRAMMES

### NOTE

1. Read the Guidelines CAREFULLY before filling the form.
2. This form must be completed in block letters.
3. Entry requirements are indicated in the Advert.
4. Study the West African Examinations Council's equivalents of Grades (SHSCE/SSSCE /WASSCE/etc.)

CAREFULLY read before filling the form. The equivalents are indicated on page 4.



### PART I

I APPLY for .....20.....admission to the MountCrest University College in the session (Week-Day/Evening/Weekend) for the purpose of taking the ..... programme.

#### APPLICANT'S PERSONAL INFORMATION

1. Name in full (as indicated on certificate(s) / result slip(s):

.....  
(Surname)

.....  
(First name – Mr/Mrs/Miss/Ms/Dr. etc)

.....  
(Middle name(s))

2. Sex:  M  F

3. ....  
(Date & Place of Birth)

4. Nationality:  
.....

5. Postal Address at which you can be reached quickly:  
.....

#### 6. EMAIL

.....

7. Permanent Residential Address:

.....

.....

Contact Details: Tel. No:

.....

8. Home Town (For Home Students)

.....

.....  
(Country)

9. Home Town/State (For foreign Students)

.....

.....  
(Country)

7. Religious Denomination:

.....

8. Marital Status:

(Married) (Single) (Divorce) (Separated)

9. Number of Children (if any):

.....

10. Language(s) Spoken:

.....

.....

11. Next of Kin:

.....

Residential Address:

.....

.....

Contact Details (Tel):

.....

Email:

.....

12. Name of Parent/Guardian:

.....

Residential Address:

.....

.....

Occupation of Parent / Guardian:

.....

Contact Details of Parent / Guardian(Tel):

.....

Email:

.....

13. Are you currently in employment?

(Yes)

(No)

14. If 'Yes':

(i) Indicate type / nature of employment:

.....

(ii) Name and address of Employer:

.....

.....

.....

15. Indicate any Physical Disability:

.....

.....

16. Do you have any specific career plans?

(Yes)

(No)

17. If 'Yes', specify:

.....

.....

PART II (ACADEMIC)

SECONDARY SCHOOLS/TRAINING COLLEGES ATTENDED WITH DATES

Name of School & Location	Date (From)	Date (To)

SENIOR HIGH SCHOOL CERTIFICATE

(SHSCE/SSSCE/WASSCE/GCE 'O' LEVEL/GCE 'A' LEVEL) RESULTS

Type Of Examination Certificate 1st Sitting: .....		Type Of Examination Certificate 2nd Sitting: .....		Type Of Examination Certificate 3rd Sitting: .....	
Index No.	Year	Index No.	Year	Index No.	Year
Subject	Grade	Subject	Grade	Subject	Grade

OVERALL AGGREGATE: .....

(ATTACH CERTIFIED TRUE PHOTOCOPY OF RESULTS SLIP(S) / CERTIFICATE(S))

## PART II (ACADEMIC)

## POLYTECHNIC / UNIVERSITY ATTENDED

Institution	Year	Basic Qualification	Class

## MEMBERSHIP OF PROFESSIONAL BODY (IF ANY)

Name of Professional Body	Year	Position Held

## PROFESSIONAL QUALIFICATION AND YEAR OBTAINED (IF ANY)

Institution	Year	Professional Qualification and Year Obtained

## WEST AFRICAN EXAMINATION COUNCIL EQUIVALENTS OF GRADE (WASSCE/SSSCE)

WASSCE International (Current System)	SSSCE (Old System)	SHSCE International (Current System)	Interpretation
A1	A	A1	Excellent
B2	B	B2	Very Good
B3	C	B3	Good
C4/C5/C6	D	C4/C5/C6	Credit
D7/E8	E	D7/E8	Pass
F9	F	F9	Fail

PART III

Programme applying for (please tick the appropriate box for the choice of programme and write at the back of envelope the programme(s) chosen).

FACULTY OF LAWS

LLB  
(Post-First Degree / Professionals)  
Post 1st Degree LLB applicants only:  
• Evening – From 5.30 p.m. to 8.30 p.m.  
(Monday – Friday)  
• Week-end – Saturday (6.00 a.m. to 8.00 p.m.) &  
Sunday (6.30 a.m. – 12 (noon))

LLB - Law  
(for WASSCE/SSSCE Candidates/  
Mature Student/HND)  
• Day

BUSINESS SCHOOL

BSc. Business Administration  
(Accounting Option)

BSc. Business Administration  
(Banking & Finance Option)

BSc. Business Administration (2/3 Years)  
(Top-up & Weekend Session)

SCHOOL OF PUBLIC HEALTH &  
TROPICAL HYGIENE

BSc Health Services  
Management / Hospital  
Management

BScPublic Health

PART IV

DECLARATION

1. To be completed by the candidate:

I ..... DO HEREBY DECLARE that all the information given and attachments to this form are true and accurate in every detail. I understand that any falsification renders my admission liable to be withdrawn if already admitted into the University College, and my degree withdrawn if discovered after graduation.

Date: ..... Signature: .....

2. To be completed by the Head of your former School or a Reverend Minister or \*Head of your present employment or a Lawyer.

I CERTIFY that Mr./Miss/Mrs. .... in whose presence I sign this form is personally known to me and the photographs I have endorsed are his/her true likeness.

SIGNATURE: ..... DATE: .....

FULL NAME: ..... STAMP: .....

RANK AND FULL ADDRESS: .....

Application Deadline: The application deadline for all candidates is ...../...../..... To be considered for admission the application and all supporting materials must be submitted on or before ...../...../.....

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COMPLETED APPLICATION FORMS TOGETHER WITH SUPPORTING RELEVANT MATERIALS SHOULD BE RETURNED:

EITHER:

BY POST TO:

Registrar  
Mountcrest University College  
Kanda Campus  
P.O. Box Yk 1408  
Kanda  
Ghana

BY HAND DELIVERY TO:

Registrar  
Mountcrest University College  
Kanda Campus  
Readwide Building  
12 Ablade Road  
Kanda Estates  
Kanda-Accra  
Ghana

For Official Use only:

Date Received/of Receipt .....

Name & Signature of Receiving Officer & Date .....

RESULT OF APPLICATION:

Admitted:

Not Admitted: