

ANGLICAN UNIVERSITY COLLEGE OF TECHNOLOGY

Affix Passportsize Photograph

here

APPLICATION FOR ADMISSION TO UNDERGRADUATE PROGRAMMES

APPLICANTS TO NOTE

- i. Please include photocopies of certificates and other relevant documents.
- ii. Mature applicants should attach a copy of their birth certificate.
- iii. Completed applications should be sent (together with a payment order/bankers draft of **GH¢ 100.00**) via post to the address on page 4 of this form.
- iv. Attach two passport size Photographs on the form.
- v. For details on entry requirements for the various programmes please visit www.angutech.edu.gh or call 0505091054
- vi. An Applicant who makes a false statement on the form shall be refused admission, and/or if he has already been admitted, shall be withdrawn from the University College.

Section 1 PERSONAL INFORMATION (IN BLOCK LETTERS)

i)	Surname:
ii)	First name:
iii)	Other names:
iv)	Gender: Male [] Female []
v)	Nationality:
vi)	Date of Birth:
vii)	Hometown:
viii)	Region:
ix)	Postal Address:
x)	Email Address:
xi)	Phone Number(s):
	PARTICULARS OF PARENTS/GUARDIANS
(i)	Name:
(ii)	Relationship:
(iii)	Occupation:
(iv)	Phone Number:
(v)	Email Address:
(vi)	Address:

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Section	2 ACADEMIC R	ECORD						
2a. Type of Application (Please tick where applicable)								
SHS Top up Mature								
2b. Examination Details (Type of Exam: SSSCE, WASSCE, A 'Level, HND)								
	Name of Institution	Type of Exam	Index Number	Year of Exam	Exam Centre			
1								
2								
3								
4								
5								
				l				
2c. Exa	mination Grades							
Subjects			Grades					
CORE			1 st Sitting 2	2 nd Sitting	3 rd Sitting			
CORL								
ELECTI	/FS							
LLLOTT	V L G							

2d. Details of other qualifications (e.g. HND, Diploma, etc.)							
Qualification		m (Month/Year)	To (Mont	To (Month/Year)			
20 Provious Colleges/III	missovaltica.	N44andad					
2e. Previous Colleges/ U			Last year	D 6 1 .			
Name of Institution	Year of Entry	8		Reason for leaving			
	Entry		Study				
Section 3 CHOICE (OF PROGR	AMME OF STUDY(Refe	er to the programn	ne catalogue at section 8)			
Please indicate the programmes	you wish to purs	sue in order of preference.					
Order		Programme Title					
1							
2							
3							
4							
Section 4 SOURCE OF FUNDING							
Please indicate source of funding							
Personal:							
Study Leave:							
Student Loan:							
3 Page							

Section 5 LANGUAGE REQUIREMENTS							
Is English your first language: Yes No							
If English is not your first language, provide details of English qualification and test scores.							
Section 6 ADDITIONAL INFORMATION							
How did you get to know about the Anglican University College of Technology (ANG.U.TECH). Please tick all that apply.							
Newspapers Radio Advert Internet Poster/Flier/Banner Friend/Relative student of ANG.U.TECH) Text Message from ANG.U.TECH Phone Call from ANG.U.TECH Staff SHS Visitation by ANG.U.TECH Staff Education Fair Other: Please Specify	(Please state the Name if he/she is a						
Section 7 DECLARATION							
I hereby acknowledge that the information provided is true	e and correct.						
Date/20	Applicant's Signature						
Please complete this form and return to the address below, together with a payment order of GH¢ 100.00 from any local bank of your choice.							
For Nkoranza Campus:	For Kumasi Campus:						
THE ASSISTANT REGISTRAR ANGLICAN UNIVERSITY COLLEGE OF TECHNOLOGY (NKORANZA CAMPUS) P. O. BOX 78 NKORANZA - GHANA. TEL.: + 233505091054, 0322499822	THE REGISTRAR ANGLICAN UNIVERSITY COLLEGE OF TECHNOLOGY (KUMASI CAMPUS) P. O. BOX HN 2990 ASHANTI NEW TOWN – KUMASI, GHANA TEL: 0322497225, +233 0594698137						

Section 8 LIST OF PROGRAMMES

- *** NKORANZA CAMPUS**
 - SCHOOL OF FOOD AND HEALTH SCIENCES
- 1. B.Sc. Physician Assistantship
- 2. B.Sc. Nursing
- *** KUMASI CAMPUS**
 - SCHOOL OF BUSINESS STUDIES
- 3. BSc. Business Administration
 - a. General Management
 - **b.** Human Resource Management