



**COST OF APPLICATION FORM & TUITION – 2 WEEKS (GH¢ 350.00)**

**APPLICATION FORM FOR ACCESS COURSE FOR GRADUATE ENTRY MEDICAL PROGRAMME (GEMP) FOR 2016/2017 ACADEMIC YEAR**

Surname: ..... First Name: ..... Middle Name: .....

Sex: ..... Date of Birth: ..... Receipt No: .....

Marital Status:..... Nationality:.....

Contact Address: .....

.....

Tel/Cell No: ..... E-mail: .....

Working Experience: .....

.....

School/College/University Attended with dates: .....

.....

**Courses Studied at the University**

i. .... vii. ....

ii. .... viii. ....

iii. .... ix. ....

iv. .... x. ....

v. .... xi. ....

vi. .... xii. ....

Degree obtained with Class and Date: .....

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