

**SCHOOL MEDICINE AND DENTISTRY
COLLEGE OF HEALTH SCIENCES**



ACADEMIC AFFAIRS OFFICE

GRADUATE ENTRY MEDICAL PROGRAMME (GEMP)

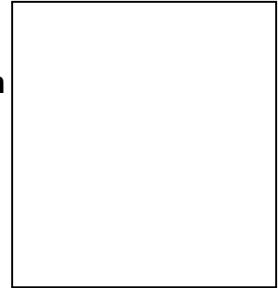
LOCAL STUDENT'S APPLICATION FORM

**FOR ADMISSION INTO THE UNIVERSITY OF GHANA SCHOOL OF MEDICINE AND DENTISTRY
(2016– 2017 ACADEMIC YEAR)**

**Candidates are required to send completed forms with
the following enclosures to:**



**The Executive Secretary
University of Ghana School of Medicine and Dentistry
College of Health Sciences
P. O. Box 4236
Accra-Ghana**



- 1. ENCLOSURES:**
- a. Two Passport Sized Photographs, one of which should be endorsed
 - b. Original Transcripts of Academic Records from University attended
 - c. A copy of Senior High School Certificate issued by WAEC (or equivalent certificate)
 - d. Letter of Recommendation from 2 Referees from a relevant Academic Institution to be sent directly by courier or submitted personally with confidential seal by the Referees
 - e. Letter from Sponsor(s) undertaking to pay all fees showing detailed information of present work status and a copy of 6 months bank statement (Include address).
 - f. A copy of National Service Certificate

Forms must be fully completed

2. SURNAME (PLEASE TYPE)

3. OTHER NAME(S)

4. DATE OF BIRTH: SEX:

5. NATIONALITY:.....

6. ADDRESS TO WHICH COMMUNICATION IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT:

.....
.....

TEL. NO. FAX:

E-MAIL:

- 7.** PERMANENT HOME ADDRESS (if different from 5 above)
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- 8.** MARITAL STATUS:
- 9.** PREVIOUS EDUCATION GIVING NAMES OF SENIOR HIGH SCHOOLS, COLLEGES AND UNIVERSITY ATTENDED WITH DATES AND QUALIFICATIONS
- (a) SENIOR HIGH:
- QUALIFICATION:
- DATE:
- (b) PRE-UNIVERSITY EDUCATION:
- QUALIFICATION:
- DATE:
- 10.** NAME & ADDRESS OF UNIVERSITY ATTENDED:.....
-
- 11.** DEGREE AWARDED:
- 12.** CLASS OF DEGREE :.....
- 13.** YEAR OF GRADUATION:.....
- 14.** Have you done National Service? Yes / No:.....
- If Yes, please provide evidence.
- 15.** OCCUPATION SINCE GRADUATION:.....
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- 16.** OUTLINE OF COURSES TAKEN FOR FIRST DEGREE:.....
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-
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17. NAMES AND ADDRESSES OF REFEREES (1)
.....
..... TEL.....

(2).....
.....
..... TEL:.....

18. LANGUAGES SPOKEN AND WRITTEN (In order of proficiency)

(i)..... (ii) (iii).....

19. NAME AND ADDRESS OF SPONSOR

TEL:..... E-MAIL:

20. NAME AND ADDRESS OF PARENT/GUARDIAN:

TEL:..... E-MAIL:

21.
SIGNATURE OF APPLICANT DATE

22. **DECLARATION**

This Declaration should be signed by a person of high repute such as the former Head of Department or Lecturer of the University attended by the applicant. The same person should endorse the back of one of the passport-size photographs.

This application will not be valid if this Declaration is not signed. An applicant who makes a false statement, or withholds relevant information, will be refused admission, or, asked to withdraw if he/she has already been admitted into the University of Ghana Medical School.

I CERTIFY that the photograph endorsed by me is the true likeness of the applicant,

....., who is personally known to me. I have inspected his/her records and I am satisfied that the names on them conform to those by which, to the best of my knowledge, he/she is officially known.

DATE:

SIGNATURE:

NAME:

STATUS:

ADDRESS:

TEL. NO. FAX:.....

E-MAIL.....

For Official Use Only

Date Application Forms purchased: **Receipt No.**.....

Date Application Forms returned completed.

All/not all enclosures attached:

Name of Official Signature:.....

Date:.....

Deadline for submission: 8th January, 2016.