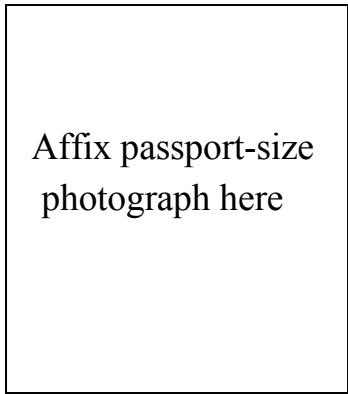


UNIVERSITY OF GHANA
APPLICATION FORM FOR VISITING STUDENTS

(The duration of Visiting Studentship is not more than two semesters)

Important notice : candidates are required to send the completed form to:

The Assistant Registrar
International Programmes Office
University of Ghana
P.O Box LG 586. Legon



The following must be enclosed as well:

- I. Application fee of US \$110 (non-refundable)
- II. Transcripts or certificates from candidate’s former university/institution

1. NAME:

Mr. Mrs. Ms.

SURNAME (LAST /FAMILY)

FIRST NAME

MIDDLE NAME

*(NAMES MUST CORRESPOND EXACTLY WITH THOSE USED FOR ALL EXAMINATIONS TAKEN, PROVIDE PROOF OF ANY CHANGE IN NAME)

2. Sex: Male Female

3a. Date of Birth: 3b. Place of birth
 dd mm yyyy

4a. Nationality 4b. Region/Country

5a. Marital Status: Married Single 5b. Number of children

6a. Religion _____ 6b. Denomination

7. Address to which communication in connection with this application should be sent:

Email

Tel.

(Any change of Address must be notified at once to the International Programmes Office)

8. Permanent Address

FOR OFFICIAL USE ONLY

Application Fee.....
Cheque / M.O. No.....
Received and Acknowledged.....
Date.....
Remarks.....

Summary of applicant’s educational qualification (s)
.....
.....
.....
.....

9. EDUCATION

Schools/ Colleges and Universities attended with dates:

Name of School and Location	Attendance Dates	
	From	To

Current home institution

9b. Highest degree completed

9c. Highest degree in progress at home institution

Major Field

Minor Field

9d. Date of expected completion: Month

Year

9e. Provide other academic information (If any)

10. Research experience (If any)

11. Proposed course(s) of study

12. Give particulars of any special experience, interests or qualifications relevant to your application:

13. Indicate the duration of programme:

13b. Specify the semester at which you intend to enroll:

First Semester

Second Semester

Date of Commencement

Note: First Semester begins August/September and ends in December

Second Semester begins January/ February and ends in May/June

14. Name and address of organization or person responsible for your fees, etc.

NOTE : The University does not operate any scholarship scheme from which foreign students may benefit

15. Full name and address of your present/last University or similar institution

16. Person(s) to contact in case of emergency

Relation to candidate

Address

Telephone (with area code)

E-mail

Occupation

IMPORTANT: AN APPLICANT WHO MAKES A FALSE STATEMENT OR WITHHOLDS RELEVANT INFORMATION MAY BE REFUSED ADMISSION. IF HE/SHE HAS ALREADY COME INTO THE UNIVERSITY, HE/SHE MAY BE ASKED TO WITHDRAW

Date

Signature

Note: Quote “Visiting Student” in all correspondence

DECLARATION

This declaration should be signed by the Director of Studies of your university.

The application will be invalid if this declaration is not signed.

I certify that the photograph endorsed by me is the true likeness of the applicant Mr./Miss/Mrs.

who is personally known to me.

I have inspected his/ her certificates 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 to me.

I confirm that the courses he/she proposes to take will count towards the award of the Bachelors degree of this University.

Date

Signature

Name

Status

Address