



Attach Passport
Picture here

MBChB Programme Application Form

Forms must be fully completed (PLEASE TYPE/PRINT)
Applicants are required to send completed forms with the following enclosures:

1. ENCLOSURES:
 - a. Two Passport Sized Photographs, one of which should be endorsed at the back
 - b. Original Transcripts of Academic Records from the University(ies) attended
 - c. A copy of the Senior High School Certificate or results slip issued by WAEC (or equivalent certificate)
 - d. Letter of Recommendation from 2 Referees from a relevant Academic Institution.
 - e. Letter from Sponsor(s) undertaking to pay all fees showing detailed information of their present work status and a copy of their 3 months bank statement (Include address of Bank).

2. <u>PERSONAL DETAILS</u>			
SURNAME:		Sex: M F	
FIRST NAME:			
OTHER NAMES:			
PREVIOUS NAME(S): (Provide evidence of change of name, if applicable)			Marital Status:
Date of birth:	Place of birth:	Nationality:	
Photo Identification: <i>Attach copies</i>	Passport Number:	Social Security No.	National ID Number:
3. <u>CONTACT INFORMATION:</u>			
<i>Communication in connection to this application will be sent to this address.</i>	Postal Address:	Telephone Land line: Mobile:	E-mail:
Home/Permanent Address: <i>If different from above</i>	Postal Address:	Telephone Land line: Mobile:	E-mail:
4. <u>EDUCATIONAL BACKGROUND</u>			
Institution(s) Attended and Qualification: Please list in chronological order all academic institutions attended and qualification(s) obtained or exams taken.			



6. <u>Names and Addresses of Referees</u>			
Referee 1 Name:	Postal Address:	Telephone Land line: Mobile:	E-mail:
Referee 2 Name:	Postal Address:	Telephone: Land line: Mobile:	E-mail:
7. <u>Guardian/Sponsors</u>			
Parent's/Guardian's Name:	Postal Address:	Telephone Land line: Mobile:	E-mail:
Sponsor's Name (If different from above):	Postal Address:	Telephone Land line: Mobile:	E-mail:
8. <u>APPLICATION FOR ADMISSION</u>			
<p>I certify that to the best of my knowledge all documentation and information submitted or made available by me to the College, whether in relation to my course of study or otherwise, is true, accurate and complete.</p> <p>I acknowledge that the provision of inaccurate or incomplete information by myself, or a certifying authority, may result in the withdrawal of any offer of enrolment, or the cancellation of any enrolment or the cancellation of any award at any time even with retrospective effect which were made on the basis of the false or incomplete information.</p> <p>I consent to the collection, storage and disclosure of information relating to record falsification or other irregular acts in accordance with the Accra College of Medicine and the University of Ghana procedures and Statutes. I authorise the Accra College of Medicine to obtain from other educational institutions details of my enrolment and academic record at those institutions.</p> <p>I understand that the Accra College of Medicine may disclose the personal information I have given in this application to the University of Ghana.</p>			
Signature PLEASE TYPE YOUR FULLNAME IN CAPITAL LETTERS		Date: DD MM YYYY	
9. <u>DECLARATION</u>			
<p><i>This Declaration should be signed by a person of high repute such as the former Head of Department/headmaster or Lecturer of the University attended by the applicant, a Reverend Minister, a medical officer, lawyer or a public servant of the rank of Director. The same person should endorse the</i></p>			



back of one of the passport-size photographs. This application will not be valid if this Declaration is not signed.

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.

Name:	Postal Address:	Telephone Land line: Mobile:	E-mail:
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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
Shortlisted for interview	Yes <input type="checkbox"/> No <input type="checkbox"/>