



GARDEN CITY UNIVERSITY COLLEGE
APPLICATION FOR ADMISSION INTO FIRST DEGREE PROGRAMMES

Kindly forward this application form upon filling and attaching all relevant documents to:

THE REGISTRAR
GARDEN CITY UNIVERSITY COLLEGE
P. O. BOX KS 12775
KENYASE – KUMASI, GHANA

Please Call/Whatsapp: 0267385354 / 0507882827 / 0545543589 for further enquiries

- i. Application fee of GH¢ 80.00 for both Ghanaians and Non-Ghanaians (Foreigners).
- ii. Certified photocopies of result slips or certificates should be attached to this form. Original result slips or certificates must be presented for verification at registration.
- iii. Four recent passport-size photographs should be attached to this form. (One of the photographs should be endorsed). See Declaration on page 4. Names should be written on back of remaining photographs).



1. NAME *(Mr./Mrs./Miss.) *Strike out whichever is not applicable.*

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SURNAME

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OTHER NAMES

(Names must correspond exactly with those used for all examinations taken. Provide legal proof for any change in name).

2. Sex <input type="checkbox"/> (1 - Male 2 - Female)	2b. Email:.....												
3a. Date of Birth <table style="border: 1px solid black; display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="font-size: 8px;">d</td><td style="font-size: 8px;">d</td><td style="font-size: 8px;">m</td><td style="font-size: 8px;">m</td><td style="font-size: 8px;">y</td><td style="font-size: 8px;">y.</td></tr></table>							d	d	m	m	y	y.	3b. Place of Birth:.....
d	d	m	m	y	y.								
4a. Nationality:.....	4b. Home Town:.....												
4c. Home town Region/State:.....	4d. Current Region/State of Residence:												
5a. Marital Status: <input type="checkbox"/> (1 - Single 2 - Married)	5b. Number of Children: <input style="width: 30px;" type="text"/>												
6a. Religion:.....	6b. Denomination:.....												
7. Postal Address:													
.....													
8a. Permanent Home Address (Residence)													
.....													
8b. Tel. Number.....													
9. Are you physically challenged or do you suffer any form of handicap? Yes / No. If Yes, specify													
.....													

FOR OFFICIAL USE ONLY

Application Fee:..... Receipt No.:..... Date:.....

Programme offered by the Admission Board

Programme	
Level	

10a. EDUCATION

Secondary School(s) and Training College(s) attended with dates:

Name of School / College & Location	Attendance Dates		Particulars of offices held or participation in other activities at school
	From	To	

10b. Mode of application (tick):

1. 'A' Levels 2.SSSCE/WASSCE/GBCE 3.Diploma 4. Mature 5.GBCE/ABCE 6 Others (Specify)

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11a. Examination details (W.A.E.C./G.C.E./G.B.C.E/ABCE)

LEVEL	SSSCE/WASSCE			ORDINARY/GBCE			ADVANCED/ABCE		
	First	Second	Third	First	Second	Third	First	Second	Third
Attempts									
Month & Year									
Index No.									

11b. Indicate SSSCE/WASSCE, 'O' and 'A' Level grades obtained in each attempt in their respective columns:

SUBJECTS	SSSCE/WASSCE GRADES			'O' LEVEL GRADES			'A' LEVEL GRADES		
	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd

11c. Examinations (Other than WAEC) passed, taken or to be taken

(Enter all Examinations taken in different years with dates).

TYPE	DATE OF EXAMINATION	GRADE(S)

12. PROGRAMME PREFERENCES:

Refer to programme codes listed below and indicate preferences for the Degree/Diploma Programme(s) for which you wish to be admitted.

BACHELOR OF SCIENCE PROGRAMMES

CODE

- | | | | |
|----|-----------------------------------|----|---|
| 01 | B.Sc. (Economics and Statistics) | 07 | B.Sc. (Applied Maths & Statistics) |
| 02 | B.Sc. (Economics) | 08 | B.Sc. (Nursing) |
| 03 | B.Sc. (Accounting with Computing) | 09 | B.Sc. (Midwifery) |
| 04 | B.Sc. (Computer Science) | 10 | B.Sc. (Physician Assistantship Studies) |
| 05 | B.Sc. (Information Technology) | 11 | B.Sc. (Medical Laboratory Technology) |
| 06 | B.Sc. (Environmental Science) | 12 | B.Sc. (Dental Therapy) |
| 13 | Diploma Nursing | | |

BACHELOR OF ARTS PROGRAMMES

- 14 BA (Sociology and Social Work)

BACHELOR OF BUSINESS ADMINISTRATION PROGRAMMES

CODE

- | | | | |
|----|---------------------------------|----|------------------|
| 15 | BBA (Banking and Finance) | 16 | BBA (Accounting) |
| 17 | BBA (Human Resource Management) | 18 | BBA (Management) |
| 19 | BBA (Marketing) | | |

Indicate programme preferences by placing the appropriate code in the boxes provided below:

1 ST	2 ND	3 RD
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Full particulars of past and present employment with dates:

INSTITUTION	POSITION	DATES

14. Indicate how you will finance your study at the University College.

- i. Self ii. SLT Loan iii. Study Leave with pay
- iv. Other Specify.....

Note: The University College does not give financial assistance to students admitted to its programmes. All applicants are required to pay fees in full before registration.

15. (a) Names of Parents or Guardian:.....
- (b) Relationship to Candidate:.....
- (c) Address of Parent or Guardian:.....
- (d) Emergency Contact No.:.....
- (e) Occupation of Parent or Guardian:.....

Indicate the session you would like to join by ticking the appropriate box

(i) Regular School (ii) Weekend School (iii) Evening School

17. If you have ever been admitted to any other University institution, you must supply the following information:

Name of University:.....

Year of Admission:.....

Programme of Study:.....

Last Year in University:.....

Reasons for Leaving:.....

IMPORTANT: AN APPLICANT WHO MAKES A FALSE STATEMENT OR WITHHOLDS RELEVANT INFORMATION, MAY BE REFUSED ADMISSION. IF HE/SHE HAS ALREADY BEEN ADMITTED TO THE UNIVERSITY COLLEGE, HE/SHE WILL BE WITHDRAWN.

Date:.....

Signature of Applicant:.....

DECLARATION

This declaration should be signed by someone of high repute who should also endorse one of the passport-sized photographs on the reverse side. This person should be a Senior Public Servant or person belonging to a recognized profession (e.g. the clergy, legal, medical profession, etc.). For candidates who took their examinations in schools, this declaration should be signed by the Headmaster/Principal of their school.

The 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.

Dr./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 which; to the best of my knowledge he/she is officially known.

Date:.....

Signature:.....

Telephone:.....

Status:.....

Address:.....

Name:.....

Note: All copies of documents submitted in connection with this application become the property of this University College

Applicants coming for Top-up programmes should in addition to their SSSCE/WASSCE results attach copies of the following (depending on your specialization);

1. Diploma Certificate and Transcript
2. HND Certificate and Transcript
3. NTC Certificate and Transcript (for Nursing and Midwifery Applicants only)
4. KNUST Diploma Certificate (for Midwifery applicants only)
5. Degree Certificate and Transcript
6. Birth Certificate

How did you hear of us? (Tick):

TV	Radio	Newspaper	Friends/Relatives	Other Specify.....
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