

UNIVERSITY FOR DEVELOPMENT STUDIES

APPLICATION FORM FOR ADMISSION TO LEVEL 200 MBChB (MEDICINE) PROGRAMME

IMPORTANT: CANDIDATES ARE REQUIRED TO SEND THREE COMPLETED FORMS TO:

The Deputy Registrar (Academic)
University for Development Studies
P. O. Box TL1350
Tamale, Ghana

Passport Photo

TO REACH HIM WITH THE FOLLOWING ENCLOSURES:

- i. Certified photocopies of certificates or results slips
- ii. Four recent **passport-size** photographs (one of the photographs should be *endorsed*; the remaining three should be affixed to the three application forms)

A. PERSONAL DATA

PLEASE TYPE OR PRINT LEGIBLY IN BLACK

Name: _____			Male <input type="checkbox"/> Female <input type="checkbox"/>
Family/Last Name	First Name	Middle Name	
Date of Birth _____ MM/DD/YYYY		Nationality _____ Country Name	
Current Mailing Address _____ _____ _____		Permanent Address _____ _____ _____	
Telephone Home: _____		Fax: _____	
Office: _____		E-mail: _____	

Highest Level of Education Completed by (Check one box)

Father: No Education
 Primary
 Secondary
 University

Mother: No Education
 Primary
 Secondary
 University

Parent's Occupation:

Father

Mother

B. EDUCATION

Please list the colleges, Universities, or other Institutions of higher learning you have attended. You must hold a Bachelor's Degree in a **Science** related field.

Please attach official grade transcripts or other documentations to verify your academic results at each university listed below.

Have you earned a Bachelor's Degree? Yes No

Bachelor's Degree:

Institution: _____

Location: _____

Degree: _____

Field: _____

Year Graduated: _____

Have you earned a Master's Degree? Yes No

Master's Degree:

Institution: _____

Location: _____

Degree: _____

Field: _____

Year Graduated: _____

C. SSSCE / WASSCE

	Index Number	First Sitting	Second Sitting	Third Sitting
Core Subjects	English Language			
	Mathematics (Core)			
	Int. Science			
	Social Studies			
Elective Subjects	i.			
	ii.			
	iii.			
	iv.			

D. EMPLOYMENT RECORD

Give a record of each full-time position held (most recent first). Please be sure to check one of the options regarding the nature of your organization, i.e. public, NGO, Regional/National/International organizations.

Organization (Full Name): _____

Public Sector
 Private Sector
 NGO
 Regional/International organization

Address _____

Telephone: _____ Fax: _____

Title of your Position: _____

Dates of Service : _____ To: _____ Full-time Employment Yes No

IMPORTANT:

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

DATE..... Signature of
Application.....

DECLARATION

This declaration should be signed by someone of high repute who should also endorse one of the passport-size photographs on the reverse side. This person should be a Senior Public Servant or a Known person belonging to the learned professions (E.g. A Clergyman, lawyer, medical practitioner etc.).

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 application

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.

Date.....

Signature.....

Name.....

Status.....

Address.....