



**PENTECOST  
UNIVERSITY  
COLLEGE**

**GRADUATE SCHOOL  
APPLICATION FORMS FOR**

**▲ MSc Health Planning  
Policy and Management**

AFFIX  
PHOTO

## 1. PERSONAL INFORMATION

Surname/  
Family Name:

First Name:  Other Names:

Title:  Date of Birth (dd/mm/yy):  Gender: M  F

Permanent Address:  Mailing Address:

Day time Contact No:  Fax:

Evening Contact No:  Mobile No:

Email address:

Nationality:

Country of  
Birth:

Country of Permanent Residence:

Religious Denomination:

# UNIVERSITY OF CAPE COAST

## PROGRAMME

MSc Health Planning,  
Policy and Management

### 3. PROGRAMME SESSIONS

Select **ONE** of the options below

Weekend

Modular

I understand that Pentecost University College Graduate School (PUCGS) reserves the right to suspend a programme session if it does not meet the minimum number of applicants.

## 4. EDUCATION AND QUALIFICATIONS

### a. Highest Education Qualification

Degree/ Other Qualification(s) obtained or expected including major subjects.  
Please enclose original transcripts and certified copy of certificate(s).

Date Awarded	Institution	Subject & Title
















### b. English Language Proficiency Certificate (applicants whose other language is not English)

If English is not your first language, you must provide documentary evidence of your proficiency.  
Please indicate which test you have taken, or have registered to take, Eg. TOEFL, CPE, IELTS

Date Awarded	Institution	Subject & Title







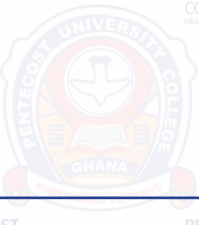
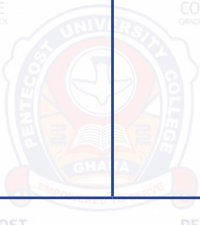
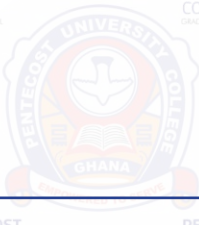


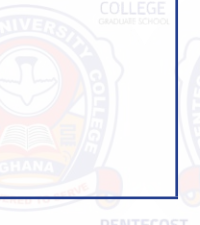
## 4. EDUCATION AND QUALIFICATIONS (Continued)

c. Professional Qualifications (Please enclose copies of certificates awarded - if applicable)

Table of Qualification	Date Awarded
  	 
  	 
  	 

## 5. EMPLOYMENT HISTORY

Please give brief details of employment/ and work experience starting with the most recent.

Dates From - To	Name & Address of Employer	Title of position and nature of duties
  	 	
  	 	

You are required to submit your Curriculum Vitae (CV) with this application form.

I have enclosed my CV

YES

NO

## 6. STATEMENT IN SUPPORT OF APPLICATION

Please give further information in support of your application including the reasons for your choice of programme, what you feel you will contribute to our programme and your general interests. (Please type not more than 500 words on a separate sheet and attach. **Font:** Georgia, **Size:** 11, **Space:** 1.5

## 7. REFERENCES

Please indicate below the names of two people who will write and enclose letters of recommendation. Your application cannot be considered until we have your referees' reports. At least one from a place of work and one Academic.

Title:	Name:	Title:	Name:
Institution/Company:		Institution/Company:	
Address:		Address:	
Phone No.:		Phone No.:	
E-mail address:		E-mail address:	

## 8. STUDENTS WITH A SPECIAL NEED(S)

The information you provide will be held in confidence, and will not be seen by, nor made known to, any sector. It will be used only to monitor the operation of Equal Opportunity and for normal academic and administrative purposes.

**NB:** Type on a separate sheet and attach

## 9. DECLARATION

Before you submit your application form, please make sure you have enclosed all the necessary information. Please note that applications cannot be processed without the specified documents.

Application checklist - have you included the following?

- A completed application form
- Certified true copies of your first degree certificates from your institution
- Your CV or resume (must submit an English version)
- Original Academic Transcript
- Two (2) reference letters (please refer to page 5, item 7)
- Two (2) recent passport photographs
- English Language Certificates or other evidence of proficiency in English (for non-English speakers only)
- A valid email address
- A valid phone number

a. I have enclosed the above documents and I certify that the information provided and the statements made by myself, to the best of my knowledge are true and accurate.

b. I hereby agree, if admitted as a student at PUCGS to observe and comply with all Terms & Conditions, policies, procedures and guidelines.

c. I agree to PUCGS processing my personal data contained in this form and other personal data that PUCGS may obtain from me or from other people connected with my studies. I agree to the retention and disclosure of such data for normal academic and administrative purposes.

d. I understand that PUCGS reserves the right to suspend a programme if it does not meet the required minimum number of applicants.

Date

Signature

## 10. WHAT HAPPENS NEXT?

Qualified applicants will receive a phone call from PUCGS inviting short listed applicants for an interaction session.

Please forward the completed form to:

THE ACADEMIC REGISTRAR  
PUC GRADUATE SCHOOL  
P. O. BOX CT 8938, CANTONMENTS  
ACCRA - GHANA