



# PENTECOST UNIVERSITY

## APPLICATION FOR UNDERGRADUATE ADMISSION

*Affix with glue  
one of the two  
endorsed  
photographs  
here and clip  
the other on the  
form*

PROGRAMME APPLIED FOR	1ST CHOICE	2ND CHOICE

*(Please tick where appropriate)*

LEVEL APPLIED FOR	LEVEL 100 <input type="checkbox"/>	LEVEL 200 <input type="checkbox"/>	LEVEL 300 <input type="checkbox"/>	REGULAR SCHOOL (R/S) <input type="checkbox"/>	WEEKEND SCHOOL (W/S) <input type="checkbox"/>
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### STUDENT INFORMATION

NAME (in capitals)	SURNAME:	TITLE	<input type="checkbox"/> MR	<input type="checkbox"/> MRS	<input type="checkbox"/> MS	<input type="checkbox"/> DR	<input type="checkbox"/> REV
FIRST NAME:	OTHER NAMES:						

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

DATE OF BIRTH	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	PLACE OF BIRTH	<input type="text"/>	GENDER	<input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE
	D	D	M	M	Y	Y	Y					

NATIONALITY:	HOME TOWN
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REGION OF HOMETOWN:	RELIGION:
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MARITAL STATUS	<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> DIVORCED
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ADDRESS TO WHICH COMMUNICATION IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT

TELEPHONE NO.	E-MAIL ADDRESS:
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PERMANENT HOME ADDRESS (IF DIFFERENT FROM ABOVE)
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	TELEPHONE NO.
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NAME OF PARENT/GUARDIAN/SPONSOR:
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OCCUPATION:	TELEPHONE NO:
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ARE YOU PHYSICALLY CHALLENGED OR DO YOU SUFFER ANY FORM OF CHALLENGE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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IF YES PLEASE SPECIFY:
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ARE YOU CURRENTLY IN EMPLOYMENT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES:
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INDICATE TYPE/NATURE OF EMPLOYMENT:
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NAME AND ADDRESS OF EMPLOYER:
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**EDUCATIONAL BACKGROUND**

**SCHOOLS ATTENDED WITH DATES**

NAME OF SCHOOL	DATES ATTENDED	QUALIFICATIONS OBTAINED
1)		
2)		
3)		
4)		
5)		

**EXAMINATION DETAILS**

WASSCE	1 <sup>ST</sup> SITTING	2 <sup>ND</sup> SITTING	3 <sup>RD</sup> SITTING
INDEX NUMBER			
YEAR			
MONTH			
CORE ENGLISH			
CORE MATHEMATICS			
CORE/INTEGRATED SCIENCE			
CORE SOCIAL STUDIES			
ELECTIVE:			
ELECTIVE:			
ELECTIVE:			
ELECTIVE:			
ELECTIVE:			

<b>G.C.E. "O" LEVEL</b>	<b>1<sup>ST</sup> SITTING</b>	<b>2<sup>ND</sup> SITTING</b>	<b>3<sup>RD</sup> SITTING</b>
<b>INDEX NUMBER</b>			
<b>YEAR</b>			
<b>MONTH</b>			
ENGLISH LANGUAGE			
MODERN MATHS			

<b>G.C.E. " " LEVEL</b>	<b>1<sup>ST</sup> SITTING</b>	<b>2<sup>ND</sup> SITTING</b>	<b>3<sup>RD</sup> SITTING</b>
<b>INDEX NUMBER</b>			
<b>YEAR</b>			
<b>MONTH</b>			
GENERAL PAPER			

<b>OTHER(S) SPECIFY EXAM/EXAMINATION BODY</b>			
	<b>1<sup>ST</sup> SITTING</b>	<b>2<sup>ND</sup> SITTING</b>	<b>3<sup>RD</sup> SITTING</b>
<b>INDEX NUMBER</b>			
<b>YEAR</b>			
<b>MONTH</b>			

**PROGRAMME SPONSORSHIP**

TICK THE APPROPRIATE BOX TO INDICATE HOW YOU WOULD FINANCE YOUR STUDY AT THE UNIVERSITY

SELF	<input type="checkbox"/>
PARENT/GUARDIAN	<input type="checkbox"/>
EMPLOYER	<input type="checkbox"/>
OTHER (PLEASE SPECIFY)	<input type="checkbox"/>

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**HOW DID YOU HEAR ABOUT THE UNIVERSITY (PLEASE TICK)**

- THROUGH THE CHURCH OF PENTECOST
- THROUGH RADIO ADVERT
- SOCIAL MEDIA (FACEBOOK/ INSTAGRAM/ WHATSAPP/ TWITTER/ TELEGRAM ETC.)
- BILL BOARD/ BANNER/ POSTER
- OTHERS (SPECIFY)

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**DECLARATION**

I ..... DECLARE THAT  
 ALL THE PARTICULARS FURNISHED BY ME ON THIS APPLICATION FORM ARE GENUINE AND REFLECT MY TRUE  
 .....  
 DATE SIGNATURE

**NOTE**

AN APPLICANT WHO MAKES A FALSE DECLARATION OR WITHHOLDS RELEVANT INFORMATION MAY BE REFUSED ADMISSION. IF HE/SHE HAS ALREADY ENROLLED IN THE UNIVERSITY, HE/SHE WOULD BE ASKED TO WITHDRAW

**NOTE**

Candidates are required to send completed forms with the following enclosures to:  
 The Assistant Registrar (Academic), Pentecost University College, P. O. Box KN 1739, Kaneshie- Accra

1. Applicant should **NOTE** that application form is **FREE**
2. CERTIFIED PHOTOCOPIES OF RESULT SLIPS OR CERTIFICATES
3. ONE SELF-ADDRESSED EMS/FEDEX ENVELOPE
4. THREE RECENT PASSPORT-SIZE PHOTOGRAPHS (ONE OF THE PHOTOGRAPHS SHOULD BE ENDORSED BY A SENIOR PUBLIC SERVANT OR A LEGAL PRACTITIONER)

**FOR OFFICE USE ONLY**

<b>NAME:</b>	<b>SIGNATURE:</b>
<b>AMOUNT: GH¢</b>	<b>DATE:</b>