



PENTECOST UNIVERSITY

MATURE ENTRANCE APPLICATION FORM

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

FORM NO:

PROGRAMME APPLIED FOR

(Please tick where appropriate)

LEVEL APPLIED FOR

LEVEL 100

LEVEL 200

MORNING SCHOOL (M/S)

EVENING SCHOOL (E/S)

WEEKEND SCHOOL (W/S)

STUDENT INFORMATION

NAME (In Capitals)

SURNAME

TITLE

MR. MRS. MS. DR. REV.

FIRST NAME

OTHER NAME(S)

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

DATE OF BIRTH

D D M M Y Y Y Y

PLACE OF BIRTH

GENDER

FEMALE MALE

NATIONALITY

HOME TOWN

REGION OF HOME TOWN

RELIGION

MARITAL STATUS

SINGLE MARRIED DIVORCED

ADDRESS TO WHICH COMMUNICATION IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT

TELEPHONE NO.

E-MAIL ADDRESS

PERMANENT HOME ADDRESS (IF DIFFERENT FROM ABOVE)

TELEPHONE NO.

NAME OF PARENT/GUARDIAN/SPONSOR

OCCUPATION OF PARENT/GUARDIAN/SPONSOR

TELEPHONE NO.

ARE YOU PHYSICALLY CHALLENGED OR DO YOU SUFFER ANY FORM OF CHALLENGE?

YES NO

IF YES PLEASE SPECIFY

ARE YOU CURRENTLY IN EMPLOYMENT?

YES NO

IF YES:

INDICATE TYPE/NATURE OF EMPLOYMENT

NAME AND ADDRESS OF EMPLOYER

G.C.E. "O" LEVEL / "A" LEVEL	1ST SITTING		2ND SITTING		3RD SITTING	
INDEX NUMBER	G.C.E. "O" LEVEL	G.C.E. "A" LEVEL	G.C.E. "O" LEVEL	G.C.E. "A" LEVEL	G.C.E. "O" LEVEL	G.C.E. "A" LEVEL
YEAR						
MONTH						
ENGLISH LANGUAGE						
MODERN MATHS						
OTHER SUBJECTS:						

OTHER(S) SPECIFY EXAM/EXAMINATION BODY	1ST SITTING	2ND SITTING	3RD SITTING
INDEX NUMBER			
YEAR			
MONTH			
GENERAL PAPER			

REFERENCE			
NAME	POSITION	PERIOD YOU HAVE KNOWN THIS APPLICANT	COMMENT ON CANDIDATE'S ABILITY TO PURSUE THIS PROGRAMME

PROGRAMME SPONSORSHIP

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

SELF	<input type="checkbox"/>	Please provide name and contact details of your sponsor:	HOW DID YOU HEAR ABOUT THE UNIVERSITY (PLEASE TICK)	
PARENT/GUARDIAN	<input type="checkbox"/>		<input type="checkbox"/> THROUGH THE CHURCH OF PENTECOST	<input type="checkbox"/> THROUGH RADIO ADVERT
EMPLOYER	<input type="checkbox"/>		<input type="checkbox"/> SOCIAL MEDIA (FACEBOOK/ INSTAGRAM/ WHATSAPP/ TWITTER/ TELEGRAM ETC.)	<input type="checkbox"/> BILL BOARD/ BANNER/ POSTER
OTHER (PLEASE SPECIFY)	<input type="checkbox"/>		<input type="checkbox"/> OTHERS (SPECIFY)	<input type="text"/>

DECLARATION

I.....DECLARE THAT

ALL THE PARTICULARS FURNISHED BY ME ON THIS APPLICATION FORM ARE GENUINE AND REFLECT MY TRUE RECORDS

DATE

SIGNATURE

NOTE

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

NOTE

**Candidates are required to send completed forms with the following enclosures to:
The ABE Co-ordinate, Pentecost University, P. O. Box KN 1739, Kaneshie - Accra**

- 1. CERTIFIED PHOTOCOPIES OF RESULT SLIPS OR CERTIFICATES
- 1. ONE SELF-ADDRESSED EMS/FEDEX ENVELOPE
- 3. TWO RECENT PASSPORT-SIZE PHOTOGRAPHS (ONE OF THE PHOTOGRAPHS SHOULD BE ENDORSED BY A MINISTER OF RELIGION, A SENIOR PUBLIC SERVANT OR A LEGAL PRACTITIONER)

FOR OFFICE USE ONLY

NAME	<input type="text"/>	SIGNATURE	<input type="text"/>
AMOUNT	GH¢ <input type="text"/>	DATE	<input type="text"/>