



**PENTECOST
UNIVERSITY**
TRANSFORMATION AND SERVICE

AFFIX
YOUR
RECENT
PASSPORT
PHOTO

PENTECOST UNIVERSITY
DEPARTMENT OF NURSING AND MIDWIFERY

**APPLICATION FOR ADMISSION TO ACCESS
PROGRAMME FOR NURSING/MIDWIFERY**

PERSONAL DATA

Surname: Mr./Mrs./Ms./Miss _____

Other Name(s): _____ First Name: _____

Postal Address: _____

Residential Address/House No. _____

Gender: [] Female [] Male Birth Date: _____

Place of Birth _____ Nationality: _____

Phone Number(s): _____ / _____ / _____

E-Mail Address: _____

PARENT/GUARDIAN/SPONSOR

Name: _____ Relationship: _____

Tel. No(s). _____ E-Mail Address: _____

Postal Address: _____

Residential Address/House No. _____

PROVIDE INFORMATION BELOW ON THE AUTHORISATION OFFICER OF SPONSORING ORGANIZATION IF YOU WILL BE SPONSORED

Name: _____ Rank _____

Address: _____

Tel. No(s). _____

IF YOU ARE WORKING STATE NAME AND ADDRESS OF THE ORGANISATION

Name: _____

Address: _____

Present Position: _____

Please tick the appropriate box with [X]

*Have you been granted study leave for the Access Programme? [] Yes [] No

*Will you be granted study leave for the degree programme upon passing the entry examination?

[] Yes [] No

*If Yes provide proof

EDUCATIONAL DATA

Name of Schools Attended with Dates of Entry and Exit in each case:

| Secondary School/College | Location | Date | |
|--------------------------|----------|-------------|-----------|
| | | <i>From</i> | <i>To</i> |
| | | | |
| | | | |
| | | | |

INDICATE LEVEL GRADES OBTAINED IN “A” LEVEL, SSSCE, WASSCE OR ABCE

| SUBJECTS | SSSCE/WASSCE GRADES | “A” LEVEL GRADES |
|----------|---------------------|------------------|
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PUBLICITY OF PROGRAMME

How did you get to know about Pentecost University Access Course? (Indicate with an X in the space provided below)

| TV | Radio | Poster/flier | Staff (Name/Position) | Student (Name/Programme) |
|----|-------|--------------|-----------------------|--------------------------|
| | | | | |

NOTE: IMPORTANT INFORMATION INCLUDING DECLARATION FOLLOWS ON NEXT PAGE

THE FILLED-OUT APPLICATION FORM IS COMPLETE ONLY AFTER THE DECLARATION BELOW HAS BEEN SIGNED BY THE APPLICANT

IMPORTANT INFORMATION TO ALL APPLICANTS

Applicants must have a minimum of three years post-qualification working experience.

PROSPECTS: Students who are successful in obtaining **the required pass mark** after the programme shall be admitted into the **Degree Programme in Nursing at Level (200) or Midwifery at Level (100)**

APPLICANTS WHO ENROLL AT SUHUM (FLOSAM) FOR THE 6-WEEK ACCESS COURSE SHOULD NOTE THAT THEIR 3-YEAR TOP-UP PROGRAMME WILL TAKE PLACE AT THE PENTECOST UNIVERSITY CAMPUS AT SOWUTUOM, ACCRA.

DECLARATION

I hereby declare all the information I have written on the application form and any supporting documents I have submitted to be true and accurate. I understand and agree that any false or misleading information found in my submission will justify denial of admission and/or any appropriate measures being taken against me by the organizers and the University.

Signature of applicant: _____

Date: _____

Fees for Access Course:

Registration Fee: GHC 100.00

Course Fee: GHC 1,300.00

Both fees are non-refundable and must be paid into the accounts with the details below:

Account Name: Pentecost University College
Account Number: 1301130010240
Bank: GCB Bank
Branch: Tantra Hill

CANDIDATES WILL BE ALLOWED TO COMMENCE CLASSES ONLY UPON CONFIRMATION OF PAYMENT OF ALL FEES BY THE DEPARTMENT.

FOR OFFICIAL USE ONLY

Receipt No.: _____ Date: _____

Bank Payment Information

(Please tick the appropriate box)

Pay in slip received

Yes

No

Signature/Stamp of Officer _____