



PENTECOST UNIVERSITY

P.O.Box N739, Kaneshie, Accra-Ghana
Tel: 302417057/8, Website: www.pentvars.edu.gh

Passport
Photograph
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FACULTY OF EDUCATION

Form No.

STUDENT INFORMATION	PROGRAMME APPLIED FOR
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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.
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FIRST NAME	OTHER NAME(S)
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*Names must correspond exactly with those used for all examinations taken. Provide legal proof of any change in 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"/> <input type="text"/> <small>D D M M Y Y Y Y</small>	PLACE OF BIRTH	GENDER	<input type="checkbox"/> M <input type="checkbox"/> F
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NATIONALITY	HOME TOWN
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REGION OF HOME TOWN	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

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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

OCCUPATION OF PARENT/GUARDIAN/SPONSOR	TEL. NO.
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ARE YOU PHYSICALLY CHALLENGED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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IF YES, PLEASE SPECIFY

ARE YOU CURRENTLY EMPLOYED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES:
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OCCUPATION

NAME AND ADDRESS OF EMPLOYER

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EDUCATIONAL BACKGROUND

EDUCATIONAL QUALIFICATION

NAME OF SCHOOL	DATE ATTENDED	QUALIFICATION OBTAINED
1)		
2)		
3)		
4)		
5)		
6)		

EMPLOYMENT DETAILS

NAME OF COMPANY	DATE OF EMPLOYMENT	DATE EMPLOYMENT ENDED	POSITION	DUTIES
1)				
2)				
3)				
4)				

REFERENCE

NAME	POSITION	PERIOD YOU HAVE KNOWN THIS APPLICANT	COMMENT ON APPLICANTS ABILITY TO PURSUE THE PROG.

*You may use additional sheets to complete this portion

WE OFFER:

**CERTIFICATE IN EXECUTIVE SCHOOL MANAGEMENT AND LEADERSHIP
CERTIFICATE IN METHODS AND TECHNIQUES OF TEACHING
CERTIFICATE IN EARLY CHILDHOOD EDUCATION**

PROGRAMME SPONSORSHIP

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

SELF

EMPLOYER

OTHER (PLEASE SPECIFY)

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 ENROLLED IN THE UNIVERSITY, HE/SHE WOULD BE ASKED TO WITHDRAW

NOTE

CANDIDATES ARE REQUIRED TO SEND COMPLETED ADMISSION FORMS TO:

P. O. Box, KN1739 Kaneshie, Accra-Ghana
Email: info@pentvars.edu.gh Tel: 030 24 17057/8

NAME SIGNATURE

AMOUNT GH¢ DATE

ADMISSION YES NO