

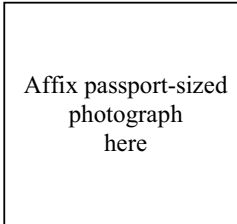
UNIVERSITY OF GHANA

FORM OF APPLICATION FOR THE ADMISSION OF VISITING/OCCASIONAL STUDENTS

(The duration of Special Admission/Occasional studentship is not more than two semesters)

IMPORTANT: CANDIDATES ARE REQUIRED TO SEND COMPLETED FORMS TO:

CIEE
Study Abroad
300 Fore Street
Portland, ME 04101



WITH THE FOLLOWING ENCLOSURES:

Transcripts or certificates from candidate's former University/institution

Three recent passport-sized photographs (One of the photographs should be endorsed)

1. SURNAME (LAST OR FAMILY)

OTHER NAMES (FIRST, MIDDLE) Mr./Mrs./Ms *Strike out whichever is not applicable

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

2. Sex (1-Male 2-Female)

3a. Date of Birth mm dd yy ___/___/___

3b. Place of birth

4a. Nationality

4b. Region/Country

5a. MaritalStatus (1-Married 2-Single)

6. Religion

7. Address to which communication in connection with this application should be sent

.....
.....

Tel. No E-mail Fax

8. Permanent address

.....
.....

FOR OFFICE USE ONLY	
Application Fee _____	Cheque/ P. O. No _____
Received and Acknowledged _____	
Date _____	
Remarks _____	
Summary of applicant's educational qualification (s)	

9a. EDUCATION

Schools Colleges and Universities attended with dates

Name of School and location	Attendance dates: From	To

Current home institution

9b. Academic Information

Highest degree completed

9c. Highest degree in progress at home institution

Major field Minor field

9d. Date of completion (Month/ Year)___/___

9e. Provide other academic information (if any)

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10. Research experience (if any)

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11. Proposed courses of study.

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12. Give particulars of any special experience, interests or qualifications relevant to your application

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13a. Indicate the Duration of programme:

One Semester Two Semesters

13b. Specify the semester at which you intend to enroll:

First Semester Second Semester

Date of Commencement

Note: First Semester begins August/September and ends in December

14. Names and address of organization or person responsible for your fees, etc.

CIEE Study Abroad 300 Fore Street, Portland ME 04101

NOTE: The University, does not operate any scholarship/fellowship scheme from which foreign students may benefit

15. Full name and address of your present/last University or similar institution

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16. Person(s) to contact in case of emergency

.....

Relation to candidate

Address

.....

Telephone(with area code) Fax

E-mail

Occupation

IMPORTANT: AN APPLICANT WHO MAKES A FALSE STATEMENT OR WITHOLDS RELEVANT INFORMATION MAY BE REFUSED ADMISSION. IF HE/SHE HAS ALREADY COME INTO THE UNIVERSITY, HE/SHE MAY BE ASKED TO WITHDRAW

Signature Date

Quote "Visiting Special Admission or Occasional student" in all correspondence

DECLARATION

This declaration should be signed by the Director of Study Abroad of your University.

This application will not be valid if this declaration is not signed. I certify that the photograph endorsed by me is the true likeness of the applicant Mr/Miss/Mrs who is personally known to me.

I have inspected his/her certificates and I am satisfied that the names on them conform to those by which to the best of my knowledge, he/she is officially known.

I confirm that the courses he/she proposes to take will count towards the award of the Bachelors/Masters/Doctorate degree of this University.

DateSignature

Name

Status

Address