Withrow College

(Agona – Asamang)



APPLICATION FORM

Direct Applicant

WITHROW COLLEGE AGONA - ASAMANG

AFFIX PASSPORT SIZE PICTURE HERE

APPLICATION FORM FOR UNDERGRADUATE ADMISSION

NOTE: WRITE IN BLOCK LETTERS

PERSONAL PARTICULARS OF APPLICAN	Г:	
Surname: Mr/Mrs/Miss		
First Name:	Other name(s):	1 50
Gender:	Date of Birth:	F 830
Nationality:	Ho <mark>me To</mark> wn:	
Permanent Postal Address:		
Email Address:	Mob N <u>o</u> :	
State any physical challenge:		
PARTICULARS OF PARENTS/GUARDIAN:		
Name:	,0	15
Relationship:	Occupation:	
Permanent Postal Address:	Occupation:	
Email Address:	Mob No:	

INSTITUTIONS ATTENDED / QUALIFICATION:

No	Name of Institutions	Date		Certificate Awarded
		From	То	
1	Gol	lec		
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3			Pa	
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PROGRAMME(S) SELECTION:

NB: Select the programme (s) you wish to be offered admission in by ticking. Please indicate in order of preference your proposed program of study in the spaces provided (1^{st} , 2^{nd} , 3^{rd}). You can select only three options.

No.	Programme	Tick (√)	State Choice (e.g. 1st, 2nd, 3rd)
1.	BSc Public Health (Disease Control Option)	1	0
2.	BSc Public Health (Nutrition Option)	10	JE .
3.	BSc Nursing		(P)
4.	Mature Access Program (25 years and above only)	MRE	

ENROLLMENT OPTION:		
[] Regular	[] Weekend	[] Sandwich

FINANCING OF SELECTED EDUCATION:			
[] SSNIT Students Loan Scheme	[] Employer	[] Guardian [] S	Self
Other (Specify)			

ACADEMIC PERFORMANCE:

FOR WASSCE/SSCE CANDIDATES

Subject	Date Taken	Grade	Subject	Date Taken	Grade
		Core su	bjects		
English Language			English Language	1 8	N
Core Mathematics			Core Mathematics	13	
Integrated Science			Integrated Science	18	
Social Studies			Social Studies	16	
Elec	ctive subjects (Write the	m in the spaces provide	rd)	
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FOR MATURE CANDIDATES:

Qualification	Subject Studied	Date Obtained	Grade
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DOCUMENTS TO ATTACH:

- Certified True Copies of certificates/results slips, birth certificate and any other academic records
- ii. Two (2) recent passport sized photographs, one of which should be affixed to the form

CANDIDATE DECLARATION:

I hereby declare that all the above information provided by me is true and correct, and that I could be denied admission, or be withdrawn from the University after admission, if the information on this form proves to be false.

Candidate's Signature:	Date:
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FOR OFFICIAL USE ONLY

Registration No:	Application received on:	
Banker's draft/Receipt No:	A A	
Name/Signature of Official:	Designation:	
Remarks		

