

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 APPLICANT:

Surname: Mr/Mrs/Miss _____

First Name: _____ Other name(s): _____

Gender: _____ Date of Birth: _____

Nationality: _____ Home Town: _____

Permanent Postal Address: _____

Email Address: _____ Mob No: _____

State any physical challenge: _____

PARTICULARS OF PARENTS/GUARDIAN:

Name: _____

Relationship: _____ Occupation: _____

Permanent Postal Address: _____

Email Address: _____ Mob No: _____

INSTITUTIONS ATTENDED / QUALIFICATION:

No	Name of Institutions	Date		Certificate Awarded
		From	To	
1				
2				
3				
4				

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 (1st, 2nd, 3rd). You can select only three options.

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

ENROLLMENT OPTION:
 Regular

 Weekend

 Sandwich

FINANCING OF SELECTED EDUCATION:

SSNIT Students Loan Scheme Employer Guardian Self

Other (Specify) _____

ACADEMIC PERFORMANCE:

FOR WASSCE/SSCE CANDIDATES

Subject	Date Taken	Grade		Subject	Date Taken	Grade
<i>Core subjects</i>						
English Language				English Language		
Core Mathematics				Core Mathematics		
Integrated Science				Integrated Science		
Social Studies				Social Studies		
<i>Elective subjects (Write them in the spaces provided)</i>						

FOR MATURE CANDIDATES:

Qualification	Subject Studied	Date Obtained	Grade

DOCUMENTS TO ATTACH:

- i. Copy of your birth certificate
- ii. Certified True Copies of certificates/results slips, and any other academic records
- iii. 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declare that all the above information provided by me is true and correct, and that I could be denied admission, or be withdrawn from the University after admission, if the information on this form proves to be false.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: _____

FOR OFFICIAL USE ONLY

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

