



# AsanSka University College OF DESIGN AND TECHNOLOGY

**Location:** Oyibi (Off the Adenta-Dodowa Road) Accra - Ghana.

P. O. Box VV 179, Accra. **Tel:** 0540 124488, 0540 124400

**Email:** admissions@aucdt.edu.gh

## APPLICATION FORM FOR ADMISSION

AFFIX A PASSPORT  
SIZE PHOTOGRAPH  
HERE

### SECTION A

- Please note: your name must be quoted as it appears on your result slip(s) and or certificate(s). (Please submit one set of application form.)
- An applicant who makes a false statement on the form shall be refused admission, or if he/she has already been admitted shall be withdrawn from the University College.

### 2. Personal Particulars of Applicant:

Title: <u>Mr/Miss/Mrs.</u> (Underline the best option)		Surname: (IN BLOCK LETTERS)		First Name:	
Other Names:		Sex Female <input type="checkbox"/> Male <input type="checkbox"/>		Date of Birth (dd-mm-yyyy)	
Nationality:				Town and Country of Birth	
Hometown:		Region/ State:			
Postal Address:					
Email Address:					
Permanent Address:					
Telephone Number:					
Religion:					
Do you have special needs? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes please specify:					

### 3. Choice of Programme

Accredited Programme for the Academic Year

- BA JEWELLERY DESIGN TECHNOLOGY
- B-TECH DIGITAL MEDIA AND COMMUNICATION DESIGN

No.	Enter your Programme Choice
[01]	

**4. Educational Background**

No.	Name of Institution	Location	Date of Attendance (Month/Year)		Qualification
			From	To	

**5. EXAMINATIONS TAKEN (Attach all certificates where applicable)**

*(a) SSSCE/WASSCE*

Fill in the table with information about Exam Type taken, Index Number, Date and Subjects taken with numerical and/or alphabetical grading and dates - attach Certified True Copies of Certificates)

First Attempt		Second Attempt		Third Attempt	
Exams Taken:		Exams Taken:		Exams Taken:	
Index No:		Index No:		Index No:	
Month/Year:		Month/Year:		Month/Year:	
Subject	Grade	Subject	Grade	Subject	Grade

*(b) School Certificate/G.C.E Ordinary and/or Advanced Level (Underline where applicable)*

Fill in the table with information about Exam Type taken, Index Number, Date and Subjects taken with numerical and/or alphabetical grading and dates - attach Certified True Copies of Certificates)

First Attempt		Second Attempt		Third Attempt	
Exams Taken:		Exams Taken:		Exams Taken:	
Index No:		Index No:		Index No:	
Month/Year:		Month/Year:		Month/Year:	
Subject	Grade	Subject	Grade	Subject	Grade

(c) Mature Applicants

**Mature Applicant:** Applicant should be 25 years and above; should be able to read and write good English; and should pass the entrance exams and/or interview.

Tick if you are applying as a Mature Applicant

**Employment History \*For Mature Applicants Only**

Name of Current Place of Work/Company: .....

Email: ..... Telephone Number: .....

Address: .....

*\*Mature applicant to fill this portion if there is any information.*

Name of Previous Place of Work/Company (if any) : .....

Email: ..... Telephone Number: .....

Address: .....

**SECTION B: Particulars of Parents/ Guardians/ Sponsor:**

Rev/Dr/Mr/Mrs/Miss: (Underline best option)	Surname:		
First Name:			
Other Names:			
Permanent Postal Address:		Relationship to Applicant:	
Occupation:		Telephone number:	
Email Address:			

**SECTION C: Financing your Study: (Source of funding: Tick [√] the appropriate box)**

- 1. Student Loan Trust ( )
- 2. Self Financing ( )
- 3. Scholarship ( )
- 4. Others ( )

If Others, Specify .....

**SECTION D: Previous Attendance at a University/College**

- a. Have you ever enrolled in a University? Yes [ ] No [ ].  
If Yes answer the following.
- b. The name of the University .....
- c. The name you used in the University .....
- d. Your year of admission ..... Hall/ Hostel of Residence (if applicable) .....
- e. Programme of Study ..... Last year of Study .....
- f. Reason(s) for leaving the University

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**SECTION E**

**a. DECLARATION BY APPLICANT**

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

Signed by: ..... Date: .....

**b. CERTIFICATION**

*(To be certified by a public officer, for example: accountant, teacher, pastor etc.)*

I certify that the photograph endorsed by me is a true likeness of the applicant Mr./ Mrs./ Ms. .... who is personally known to me. I have inspected the certificates and information submitted by the applicant and to the best of my knowledge, they are genuine.

Name: .....

Occupation: ..... Position: .....

Address: .....

.....

Signed by: ..... Date: .....

## SECTION F

### FOR OFFICIAL USE ONLY

Registration Number:

Application received on:

Name/Signature of Official:

Position:

Remarks: