

TO BE COMPLETED IN
DUPLICATE

EDUCATIONAL CULTURAL EXCHANGES

Important notice: candidates are required to send two completed forms to:
The Assistant Registrar
Educational Cultural Exchanges
University of Ghana
P.O Box LG 423. Legon



The following must be enclosed as well:

- I. Application fee of US \$25 (non-refundable)
- II. Transcripts or certificates from candidate's former university/institution
- III. Two recent passport size photographs (one should be endorsed)

1. NAME:

Mr. / Mrs. / Ms. (Strike out whichever is not applicable)

SURNAME (LAST /FAMILY)

OTHER NAMES (FIRST, MIDDLE)

*(NAMES MUST CORRESPOND EXACTLY WITH THOSE USED IN YOUR PASSPORTS)

2. Sex: Male Female

3a. Date of Birth:
mm dd yy

3b. Place of birth.....

4a. Nationality..... 4b. Region/Country.....

5a. Marital Status: Married Single 5b. Number of children

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

.....
.....

EmailFax.....

Tel.

(Any change of Address must be notified at once to Educational Cultural Exchanges)

7. Permanent Address

FOR OFFICIAL USE ONLY

Application Fee.....
Cheque / M.O. No.....
Received and Acknowledged.....
Date.....
Remarks.....

Summary of applicant's educational qualification (s)
.....
.....
.....

8. EDUCATION

Schools/ Colleges and Universities attended with dates:

Name of School and Location	Attendance Dates	
	From	To
.....
.....
.....
.....
.....
.....

Current home institution

8a. Date of expected completion: Month..... Year.....

9. Indicate type of programme

Summer () Winter () Other ()

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

.....
 Relation to candidate.....
 Address.....
 Telephone (with area code).....
 E-mail..... Fax.....
 Occupation.....

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

Date..... Signature.....

Note: Quote "Visiting Student" in all correspondence

DECLARATION

This declaration should be signed by the Director of Studies of your university.

The application will be invalid 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 to me.

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

Date..... Signature.....

Name.....

Status.....

Address.....

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