



# EVANGELICAL PRESBYTERIAN UNIVERSITY COLLEGE (EPUC), HO

## APPLICATION FOR ADMISSION

Mode of application: Direct  Mature

AFFIX  
PASSPORT-SIZED  
PHOTOGRAPH  
HERE

APPLICATION NO:.....

### PLEASE NOTE:

- i. You are allowed to submit only one set of admission application form. Anyone who submits more than one set shall be disqualified.
- ii. Application form purchased direct should be completed and returned by prepaid EMS envelope supplied.
- iii. Application forms downloaded from the net should be accompanied by the appropriate fee in cash on submission at the University Cash office or forms with bankers draft payable to the E. P. University College should be sent by registered post to: The Registrar, E. P. University College, P. O. Box HP 678, Ho. In either case, the completed form must be submitted with three self-addressed foolscap envelopes.

### A. PERSONAL DATA

1. Surname: .....
2. Other Name(s):.....
3. Former Name (if applicable):.....
4. Date of Birth: .....Place of Birth:.....
5. Age: .....
6. Country of Birth:.....
7. Gender: Male/Female (Underline as appropriate)
8. Nationality:.....
9. Passport Number (If available):.....
10. National Identification Number:.....
11. Home Town:.....Region .....
12. Religion/Faith: .....
13. Denomination: .....

**Note:** Official Names must correspond exactly with those used for all examinations taken and other documents. The same names must also be used for registration or admission to the University, unless there is a change of name in which case a legal proof must be provided to the Registrar.

Any inconsistency in names will result in rejection of the application form or withdrawal if inconsistency is detected after admission.

13. Are you physically challenged or do you have any form of handicap? Yes/No (Underline as appropriate)

If Yes, specify .....

**B. APPLICANT'S ADDRESS**

- 1. Postal/Location Address:.....  
.....
- 2. Tel. No.: ..... Fax:..... E-mail:.....

**C. PARTICULARS OF PARENTS/GUARDIANS**

- 1. Name: .....
- 2. Address: .....
- 3. Occupation: .....
- 4. Relationship to the Applicant .....
- 5. Tel. No..... Fax ..... E-mail .....

**D. CHOICE OF PROGRAMME** (Refer to programmes listed below and indicate preferences for the programmes you wish to be admitted to)

<u>PROGRAMMES</u>	<u>CODE</u>
1. BSc. Business Administration (Accounting & Finance)	01
2. BSc. Business Administration (Marketing)	02
3. BSc. Agribusiness	03
4. BSc. Business Administration (Credit Management & Finance)	04
5. BSc. Business Administration (Human Resource Mgt. & Org Dev.)	05
6. BSc. Integrated Development Studies	07
7. B.Sc. Animal Science and fisheries	06
8. B.Sc. Environmental Science	07
9. BA. Corporate Secretaryship & Management	08
10. BA Pastoral Ministry and Church Management	09
11. B.A. Governance Studies	10
12. B.A. French	11
13. B.A. Social and Community Development Studies	13

<b>CHOICE</b>	<b>NAME OF PROGRAMME</b>	<b>CODE</b>
First	.....	.....
Second	.....	.....

**E. SESSION PREFERENCE**

Indicate Session preference by ticking in the appropriate box provided below:

Morning/Afternoon  Evening  Weekend

**F. ENTRY QUALIFICATION** (Tick as appropriate)

- i. SSSCE/WASSCE  ii. GCE "A" Level
- iii. Professional  iv. Teachers' Certificate, etc.
- v. Others

Specify:.....

**G. SENIOR SECONDARY SCHOOL CERTIFICATE EXAMINATION (SSSCE)/ WEST AFRICA  
SENIOR SECONDARY SCHOOL CERTIFICATE EXAMINATION(WASSSCE)**

<b>Particulars</b>	<b>1<sup>st</sup> Sitting</b>	<b>2<sup>nd</sup> Sitting</b>	<b>3<sup>rd</sup> Sitting</b>
Name of Institution			
Month & Year			
Examination Index No.			
Centre of Examination			
Type of Exam./Board (SSSCE or WASSSCE)			

<b>TITLE OF SUBJECTS</b>	<b>EXAMINATION RESULTS (Grades)</b>		
<b>Core Subjects</b>	<b>1<sup>st</sup> Sitting</b>	<b>2<sup>nd</sup> Sitting</b>	<b>3<sup>rd</sup> Sitting</b>
1. English			
2. Mathematics			
3. Integrated Science			
4. Social Studies			
5.			
<b>Elective Subjects</b>			
1.			
2.			
3.			
4.			

**H. FOR 'O' AND 'A' LEVEL CANDIDATES**

<b>LEVEL</b>	<b>ORDINARY</b>			<b>ADVANCED</b>		
<b>Attempts</b>	First	Second	Third	First	Second	Third
<b>Month &amp; Year</b>						
<b>Index Number</b>						

TITLE OF SUBJECTS (‘O’ Level)	EXAMINATION RESULTS (Grades)		
	1 <sup>st</sup> Sitting	2 <sup>nd</sup> Sitting	3 <sup>rd</sup> Sitting
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

TITLE OF SUBJECTS (‘A’ Level)	EXAMINATION RESULTS (Grades)		
	1 <sup>st</sup> Sitting	2 <sup>nd</sup> Sitting	3 <sup>rd</sup> Sitting
1.			
2.			
3.			
4.			

**NOTE:** Attach Photocopy of Result Slip (Not original)

**I. PROFESSIONAL/OTHER QUALIFICATIONS (HND, LCM, GBCE, ABCE, RSA, TEACHERS’ CERT. ‘A’/POST SEC., ACCA, CA (GH), CIM, etc.)**

Type of Examination & Year	Subjects	Grade

**J. EMPLOYMENT EXPERIENCE (If applicable)**

ORGANIZATION/INSTITUTION	POSITION HELD	DURATION	
		From (Yr.)	To (Yr.)

**K. FINANCING OF UNIVERSITY STUDY: State how your study will be funded**

Source of funding: Tick as appropriate

1. Study Leave Income  (State name and address of employer) .....
2. Self-Financing.
3. Others not indicated above  (Name and address) .....

**L. If you have ever been admitted to any University, you must supply the following information:**

Name and Address of University:.....  
 .....  
 Year of Admission:.....  
 Programme of Study:.....  
 Last year in the University:.....  
 Reason(s) for leaving:.....

**M. CORROBORATIVE DECLARATION**

This portion should be signed by the applicant and someone of high repute who is expected to know the applicant officially/personally. The application will not be valid if the declaration below is not signed. If the declaration proves to be false, the application will be rejected; if the falsity is detected after admission, the student will be withdrawn.

i) **APPLICANT'S DECLARATION**

I hereby declare that the above particulars about me are, to the best of my knowledge, correct.

Signature: .....

Date: .....

ii) **CORROBORATOR**

I certify that Mr./Mrs./Miss ..... is officially/personally known to me. I have inspected his/her certificate(s) and result slips against the results indicated on the application form and I am satisfied that they are genuine and the name that appears on them is the same as that by which he/she is officially/personally known to me.

NAME:.....POSITION:.....

OCCUPATION:.....

ORGANIZATION/INSTITUTION:.....

ADDRESS:.....

TEL. NO.: ..... FAX: ..... E-MAIL: .....

SIGNATURE:.....DATE:.....

N. **DECLARATION BY SPONSOR (FOR SPONSORED STUDENTS ONLY)**

This is to certify that:.....

(Name of Applicant)

Will be sponsored by:.....

(Name of Organization/Institution)

We/I undertake to pay all fees related to his/her studies.

Signature:.....Date:.....

Names:.....

Position:.....

Address:.....

Tel. No.(s):.....Fax:.....

E-mail:.....Official Stamp.....

O.

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**FOR OFFICIAL USE ONLY**

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1. Application fee ..... 2. Receipt No. ....

3. Qualifications vetted by:

(a) Name: .....

(b) Position: .....

(c) Signature: .....

(d) Date: .....

(e) Qualified  Not Qualified

4. Programme offered: .....

5. Student ID Number: .....

6. Source of information about EPUC: Radio  Friends  News paper  TV   
Church  Others .....