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APPLICATION FOR MATURED STUDENTS ACCESS PROGRAMME

Guidance

BEFORE COMPLETING THIS FORM

- * Please refer to our policies and procedure or visit our website, www.kuc.edu.gh to check programme details, and entry requirements.
- * We recommend that you submit your application as early as possible since the number of places are limited.

HOW TO COMPLETE THIS FORM

- Where provided with options - indicated by - please make your selection by ticking the appropriate box -
- Guidance on how to complete the form is indicated *by text in italic characters*. Please refer to this text before completing the relevant section of the form.
- Please complete this form in BLOCK Letters. If a section doesn't apply to you, simply leave it blank.

1 - Programme

Programme: Matured Students Access Programme

Sessions: Evening

2 - Personal details

Family name:

Previous family name:

(If applicable, for example by marriage)

First name(s):

Title: Mr. Miss Mrs. Ms. Other - please state: _____

Personal details continued

Gender: Male Female

Date of birth: ___ / ___ / _____ (dd/mm/yyyy)

Nationality:

Country of birth:

Country of permanent residence:

Home/permanent address:

Educational background:

Employment background:

Residence number:

Fax number:

Email address:

Applicants not born in Ghana, please complete the following, if applicable:

Date of first entry to Ghana: ___ / ___ / _____ (dd/mm/yyyy)

Date granted indefinite leave to remain in Ghana: ___ / ___ / _____ (dd/mm/yyyy)

Please enclose evidence of any indefinite leave to remain.

Address for correspondence, if different.

Country

Mobile number:

How did you hear of KUC?

3 - Welfare information

Disability or special needs

If you have a disability or medical condition which may affect your studies, please use the space below to inform us. This will help our Student Services team to provide you with the necessary support and guidance.

Declaration of criminal conviction

Do you have any criminal convictions? Yes No If yes, please attach details of your conviction.

4 - Declaration

I certify that the information provided by me in this application is true to the best of my knowledge and belief.
I understand that my admission may be terminated if any information is found to be false by Kings University College.

Sign:

Date: ___ / ___ / _____ (dd/mm/yyyy)

Checklist

- Completed, signed application form
- Birth Certificate

Please send your application to:

Admissions office
Kings University College
City Campus at YMCA Asylum-Down, Accra
Facebook: kings university college (kings gh)