



UNIVERSITY COLLEGE OF AGRICULTURE AND ENVIRONMENTAL STUDIES (UCAES), BUNSO

APPLICATION FORM FOR ADMISSION TO UNDERGRADUATE PROGRAMMES

PROGRAMME APPLIED FOR:.....

A. **Personal Data**

Title:

Mr. Mrs. Ms. Other. *Please tick as appropriate*

1. Name: (All names written in full)

.....
Surname First Others

2. Former name (if any).....Maiden name:.....

3. Date of Birth (dd/mm/yy)..... Town/Pace of Birth:

4. NationalityGender: Male: Female:

5. Home Town/Region:...../.....

6. Religious Denomination

7. Telephone:..... E-mail:

8. Marital Status: Single Married Widowed Number of Children

9. Are you physically challenged? Yes No

If yes, specify.....

B. Address to which all communication with this application should be sent

- 1. Contact Address:
.....
.....
- 2. Home Address:.....
.....

C. Parent/Guardian/Sponsor's Information

- 1. Father's full Name:
Address:.....
Telephone: Deceased
- 2. Mother's full Name:
Address:.....
Telephone: Deceased
- 3. Guardian's full Name:
Address:.....
Telephone: E-mail.....
- 4. Sponsor's full Name:
Address:.....
Telephone: E-mail.....

D. Educational Background

S/No	Name of Institution/School	Date (Month/Year) of attendance		Programme	Qualification
		From	To		

SSSCE/WASSCE Subjects and Grades

<i>Month & Year of Examination</i>	<i>Index No</i>	<i>Subject</i>	<i>Grade obtained</i>
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E. Details of Employment/Other Experience

Employer's Name & Address	Job Titles and Duties	Employment Period (Month & Year)	
		From	To

F. Sources of Funding (Tick as appropriate)

- Parent/Guardian
 Self
 SLTF Loan
 Study leave with Pay
 Scholarship (type).....

G. Referees (The person should be a Senior Public Servant, Lawyer, Medical Practitioner, Chartered member of a recognized Professional body or Headmaster/Principal of applicant's last educational Institution attended).

(i) Name:.....

Address:.....

Telephone No:.....E-mail:.....

Status:.....Signature:.....

(ii) Name:.....

Address:.....

Telephone No:.....E-mail:.....

Status:.....Signature:.....

H. Declaration

I wish to be considered for admission to the programme that I have indicated above. I declare that to the best of my knowledge, the information supplied in this application and the documentation supporting it is correct and complete. I further acknowledge that the provision of any false or misleading/deficient information may result in non-acceptance of this application or immediate expulsion from the University. I also recognize that, where necessary the University may obtain from any other educational Institution evidence of my academic record or seek other corroborating evidence with respect to my application. Similarly, I authorize the University to release details of my academic records as requested by other educational institutions to assist and corroborate the processing of applications I may make to such institutions. I am also aware that all fees paid are non-refundable upon course commencement. I hereby declare that I have read, understand and accept the **TERMS AND CONDITIONS** stated by the University.

Signature of Applicant:Date:

FOR OFFICE USE ONLY

Date received	Receiving Officer's Name	Officer's Signature	Application Number