

# SCHOOL OF GRADUATE STUDIES

## APPLICATION FORM FOR 2019/2020 ADMISSIONS TO GRADUATE DEGREE PROGRAMMES



**CENTRAL UNIVERSITY**

FAITH • INTEGRITY • EXCELLENCE

**IMPORTANT: CANDIDATES ARE REQUESTED TO SEND TWO COMPLETED FORMS TO:**

School of Graduate Studies  
P. O. Box DS 2310  
Dansoman  
Accra

Previous CU Student ID Number  
(Where applicable)

Affix a recent passport photograph in the box

i. **Application Fee**  (non-refundable)

Cash or Bankers Draft to be paid to Central University  
Applicants from outside Ghana are requested to pay \$100.00 or the cedi equivalent.

ii. Submit the completed application form with the following documents: **Two certified true copies** of certificate(s), **ONE ORIGINAL** transcript of academic records and **Two (2) referee's reports** (enclosed) to The Assistant Registrar, Central University, School of Graduate Studies, P. O. Box DS 2310, Dansoman, Accra. Transcripts not sent directly to the Assistant Registrar of the School of Graduate Studies will not be accepted.

iii. **General Admission Requirements:** A minimum of Second Class degree or its equivalent from a recognised institution is required for admission. Applicants with Third Class or Pass degrees will be required to pass an interview and thereafter, take 4 weeks of preparatory courses and pass a written examination to qualify for admission. **Programme specific requirements may be used where applicable.**

### Personal Data

1. Surname (family name) (BLOCK CAPITALS)

2. Title  
Please tick (✓) Mr.  Mrs.  Miss  Rev.  Dr.

3. First name(s) (given names) (BLOCK CAPITALS)   
**Please write in full.**

4.	Gender	Male	Female	Date of birth	Month	Day	Year
5.	Place of Birth				Religion		
6.	Home Town				Region/Country		
7.	Nationality						
8.	Marital Status				No. of Children (If any)		
9.	If married, spouse's full name						

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

11	Telephone Number(s)		E-mail		Fax (if any)	
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12. Permanent Home Address:

13. Name, Address and Telephone number of Parent or Guardian:

14. Relationship of Guardian to applicant:

**15. Academic Information**

Name of Previous University & Location	Dates of Attendance From To	Degree or Diploma Awarded	Year of Award	Class Obtained

16. Academic Prizes or Honours awarded

17. **Employment Records** (*particulars of past and present employment records*)

Company	Dates	Position

18. Degree for which applicant proposes to study (indicate in the space provided).

**CENTRAL BUSINESS SCHOOL**

- MBA (Finance)
- MBA (Marketing)
- MBA (Human Resource Management)
- MBA (General Management)

**FACULTY OF ARTS AND SOCIAL SCIENCES**

- MPhil in Theology
- MA Religious Studies
- MA in Teaching English as a Second Language

**WILLIAM OFORI-ATTA INSTITUTE OF INTEGRITY (WOAII)**

- Executive Masters in Leadership and Governance

- 19 **Planned Campus/Session of study**
- |               |         |                          |         |                          |
|---------------|---------|--------------------------|---------|--------------------------|
| <b>Accra</b>  | Evening | <input type="checkbox"/> | Weekend | <input type="checkbox"/> |
| <b>Miotso</b> |         |                          | Weekend | <input type="checkbox"/> |
| <b>Kumasi</b> |         |                          | Weekend | <input type="checkbox"/> |

**Thesis Proposal (For PhD and MPhil applicants only)**

20. Indicate here the title of your intended thesis proposal and attach a 2-3 page A4 size paper of the proposal (typed).

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- 21 a. **Name and Address of two referees-One Academic & One Professional**

Name	
Address	
Email	
Telephone number	

- 21 b.

Name	
Address	
Email	
Telephone number	

22. **AN APPLICANT WHO MAKES A FALSE STATEMENT OR WITHHOLDS RELEVANT INFORMATION SHALL BE REFUSED ADMISSION. IF HE/SHE HAS ALREADY BEEN ADMITTED INTO THE UNIVERSITY, HE/SHE SHALL BE ASKED TO WITHDRAW.**

23. **DECLARATION**

**Declaration and Signature of Applicant**

I declare that all the documents and information I have provided are accurate, true and completed, and that I hold myself responsible for the authenticity, veracity and accuracy of the documents.

Signature

Date

24. If you have any questions, please call +233 (0)302-971203, +233 (0)302-313181 or Email: [sgs@central.edu.gh](mailto:sgs@central.edu.gh)

**Official Use Only**

<i>Application Fee</i>		<i>Receipt No.</i>	
<i>Date</i>		<i>ID No.</i>	

**STATUS OF APPLICATION**

<i>ACCEPTED / NOT ACCEPTED</i>	
<i>SIGNATURE OF OFFICIAL</i>	

**Note: All documents in connection with this application becomes the property of this University.**