SCHOOL OF GRADUATE STUDIES



APPLICATION FORM FOR 2018/2019 ADMISSIONS TO GRADUATE DEGREE PROGRAMMES

IMPORTA	NT: CANDI	DATES A	RE REQUESTI	ED TO SEND TW	O COMPLETE	D FORMS	TO:							
School of Graduate Studies P. O. Box DS 2310 Dansoman Accra					F	Previous CU Student ID Number (Where applicable)								
i.	Applicati	on Fee	GH¢ 120.0	0 (non-refu	ndable)									passport the box
	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), Two ORIGINALS of transcripts of academic records and Two (2) referee's reports 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.	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.													
	Persona	al 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		Ye	ear		
5.	Place of	Birth	•				Religion							
6.	Home To	own					Region/Cou	ntry						
7.	National	lity												
8.	Marital Status No. of Children (If any)													
9.	If married	d, spouse	e's full name											
10.	Addres	s to whic	ch all commur	nication with thi	s application s	should be	sent:							
11	Telephor	ne Numbe	er(s)			E-mail		Fax (ifany)						
12	Perman	nent Hom	ne Address:											

cademic Information						
Name of Previous University & L		ates of Attendance om To	Degree or Diploma Awarded	Year	f Award	Class Obtained
Academic Prizes or Honours av	warded					
Employment Records (particular	rs of past and pre	esent employment red	cords)			
Company			Dates			Position
egree for which candidate propo	oses to study (ir	ndicate in the space p	provided).			
egree for which candidate propo ENTRAL BUSINESS SCHOOL MBA (Finance)	oses to study (ir	ndicate in the space p	provided).			
ENTRAL BUSINESS SCHOOL MBA (Finance) MBA (Marketing)		ndicate in the space p	provided).			
ENTRAL BUSINESS SCHOOL MBA (Finance) MBA (Marketing) MBA (Human Resource Managem		ndicate in the space p	provided).			
ENTRAL BUSINESS SCHOOL MBA (Finance) MBA (Marketing) MBA (Human Resource Managem MBA (General Management)	nent)	ndicate in the space p	provided).			
ENTRAL BUSINESS SCHOOL MBA (Finance) MBA (Marketing) MBA (Human Resource Managem	nent)	ndicate in the space p	provided).			
ENTRAL BUSINESS SCHOOL MBA (Finance) MBA (Marketing) MBA (Human Resource Managem MBA (General Management) CHOOL OF THEOLOGY AND MIS	nent)	ndicate in the space p	provided).			
ENTRAL BUSINESS SCHOOL MBA (Finance) MBA (Marketing) MBA (Human Resource Managem MBA (General Management) CHOOL OF THEOLOGY AND MIS	nent) SSIONS E OF INTEGRITY		provided).			
ENTRAL BUSINESS SCHOOL MBA (Finance) MBA (Marketing) MBA (Human Resource Managem MBA (General Management) CHOOL OF THEOLOGY AND MIS Mphil in Theology MA Religious Studies	nent) SSIONS E OF INTEGRITY		provided).			

19	Planned session of study	Morning	Evening	Weekend		
	Thesis Proposal (For PhD and MPh	nil applicants only)				
20.	Indicate here the title of your intended	d thesis proposal and a	attach a 2-3 page A4	size paper of the p	roposal (typed).	
21 a.	Name and Address of two referees	−One Academic & On	ne Professional (For	MBA Applicants	ONLY)	
	Name					
	Address					
	Name					
	Address					
21.1			,			
21 b.	Name and Address of two Academ	ic referees (For Other	r programmes)			
	Name					
	Address					
	Name					
	Address					
l						
22.	AN APPLICANT WHO MAKES ADMISSION. IF HE/SHE HAS WITHDRAW.					
23.	DECLARATION Declaration and Signature of Applica I declare that all the documents ar provided are accurate, true and com myself responsible for the authenticity, of the documents.	nd information I have pleted, and that I hold			Date	

^{24.} If you have any questions, please call +233 (0)302-971203/5, +233 (0)302-680721/2 or Email: school.graduate.studies@central.edu.gh

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

Official Use Only

Application Fee	Receipt No.	
Date	ID No.	

STATUS OF APPLICATION

ACCEPTED/NOTACCEPTED	
SIGNATURE OF OFFICIAL	