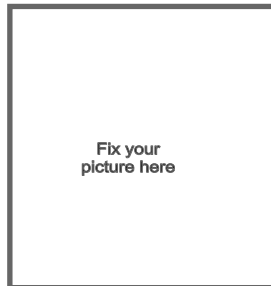




Knutsford University College

APPLICATION FOR UNDERGRADUATE ADMISSION



Fix your
picture here

Name: _____
(Surname/First/Middle)

Please return this completed and signed form to the following address:

ADMISSION OFFICE
Knutsford University College
Post Office Box AN 19480, Accra-North,
Ghana, West Africa

Bamako Road, East Legon
Accra, Ghana, West Africa
Close to the University of Ghana, Legon
and the National Accreditation Board

Tel: 233 21 911996/ 24 4372072
Fax: 233 21 911996
E-mail: info@knutsford.edu.gh
Website: www.knutsford.edu.gh

KNUTSFORD UNIVERSITY COLLEGE PROVIDES EQUAL OPPORTUNITY IN EDUCATION TO EVERY STUDENT WHO POSSESSES DISTINCTIVE ACADEMIC PROMISE, HIGH SENSE OF PROFESSIONALISM AND ETHICAL VALUES WITHOUT REFERENCE TO RACE, ETHNICITY, RELIGION, POLITICS, NATIONALITY OR COUNTRY OF CITIZENSHIP.

Directions:

Knutsford University College will begin processing your application file as soon as we receive your application for admission (form or online application). Other pieces may be sent to the Admission Office as they are completed. Your application will be evaluated for admission when we receive all the following:

- 1. A COMPLETED AND SIGNED APPLICATION FOR ADMISSION**
Online applicants must tick the box indicating their agreement to abide by the Rules and Regulations of the University College.
- 2. TWO (2) PASSPORT-SIZE PHOTOGRAPH OF YOURSELF**
Write your full name at the back.
- 3. ENDORSED STATEMENT OF RESULTS**
Your Statement of Results of the final examinations you have completed should be endorsed by the HEAD of the Secondary School/ College/etc. you attended.
- 4. EVIDENCE OF SAT/ACT/TOEFL OR OTHER RELEVANT TEST SCORES**
(For students who have taken them) Indicate method of examination.
- 5. UNIVERSITY/COLLEGE/ POST-SECONDARY TRANSCRIPT**
(For applicant who have completed university/college/post-secondary course work) Please provide an official transcript from each college/university or post-secondary institution that you have attended. Your transcript should be mailed directly from your institution to Knutsford Admission Office. The transcript should indicate the total number of credits completed, grade point average, and class rank, if available.
- 6. COMPLETED ACADEMIC REFERENCE FORM**
The Academic Reference Form should be completed by a teacher or guidance counselor. Please note that reference should not be related to the applicant. Letter of references do not replace these forms.

IF YOU HAVE ANY ADDITIONAL COMMENTS, PLEASE USE A SEPARATE SHEET OF PAPER OR CALL OUR ADMISSIONS OFFICE ON THE NUMBERS PROVIDED.

PLEASE PROVIDE THE FOLLOWING PERSONAL INFORMATION

NAME: _____
LAST NAME FIRST NAME MIDDLE NAME FORMER LAST NAME(S)- IF ANY

ADDRESS: _____
POSTAL

RESIDENCE _____

CITY STATE COUNTRY

HOME PHONE CELL PHONE FAX

E-MAIL _____

GENDER: MALE FEMALE _____
DATE OF BIRTH SOCIAL SECURITY NUMBER

CITIZENSHIP: GHANAIAAN NON- GHANAIAAN (SPECIFY) _____ DUAL (SPECIFY) _____

MARITAL STATUS: SINGLE MARRIED SEPARATED DIVORCED

WHAT IS YOUR INTENDED MAJOR?

BACHELOR OF SCIENCE (BSc) IN BUSINESS ADMINISTRATION

WHAT IS YOUR INTENDED AREA(S) OF SPECIALIZATION?

- ACCOUNTING AND FINANCE
- BANKING AND FINANCE
- MARKETING MANAGEMENT
- INTERNATIONAL BUSINESS
- BUSINESS LAW
- ORGANIZATION & HUMAN RESOURCE
- MANAGEMENT
- BUSINESS INFORMATION SYSTEMS & TECHNOLOGY

BACHELOR OF SCIENCE (BSc) IN COMPUTER SCIENCE

BACHELOR OF SCIENCE (BSc) IN NURSING

BACHELOR OF LAW (LLB)

INDICATE SEMESTER, YEAR, STUDENT AND STUDY STATUS FOR WHICH YOU ARE APPLYING:

WINTER (JANUARY) FALL (SEPTEMBER) SUMMER (JUNE) 20_____

FULL-TIME STUDENT PART-TIME STUDENT MORNING SCHOOL EVENING AND WEEKEND SCHOOL

HOW DID YOU HEAR ABOUT KNUTSFORD UNIVERSITY COLLEGE?

BRIEFLY STATE WHY YOU CHOSE TO STUDY AT KNUTSFORD UNIVERSITY COLLEGE?

BRIEFLY STATE YOUR CAREER OBJECTIVE(S)

EXTRACURRICULAR, PERSONAL, AND VOLUNTEER ACTIVITIES (INCLUDING SUMMER)

PLEASE LIST YOUR PRINCIPAL EXTRACURRICULAR, COMMUNITY, AND FAMILY ACTIVITIES AND HOBBIES IN THE ORDER OF THEIR INTEREST TO YOU. INCLUDE SPECIFIC EVENTS AND /OR MAJOR ACCOMPLISHMENTS AND THOSE ACTIVITIES YOU HOPE TO PURSUE AT KNUTSFORD UNIVERSITY COLLEGE. PLEASE COMPLETE THIS SECTION EVEN IF YOU PLAN TO ATTACH A RESUME

ACTIVITY	POSITIONS HELD, HONORS WON, OR LETTERS EARNED
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I HEREBY SUBMIT MY APPLICATION TO KNUTSFORD UNIVERSITY COLLEGE. ALL THE INFORMATION PROVIDED IN MY APPLICATION IS FACTUAL AND REPRESENT MY OWN WORK. MY SIGNATURE BELOW SERVES AS MY EVIDENCE AND CONTRACT TO ABIDE BY THE RULES AND REGULATIONS OF THE KNUTSFORD UNIVERSITY COLLEGE WHILE I AM A STUDENT. THE UNIVERSITY COLLEGE RESERVES THE RIGHT TO CONDUCT ACADEMIC WORK INCLUDING EXAMINATIONS, TO CHANGE RULES, REGULATIONS AND POLICIES, AND TO CHANGE PROGRAMMES AND COURSE REQUIREMENTS AT ANY TIME WITHOUT PRIOR NOTICE. ALSO, THE KNUTSFORD UNIVERSITY COLLEGE RESERVES THE RIGHT TO ASK ME TO WITHDRAW FROM THE COLLEGE NOTWITHSTANDING MY ACCEPTANCE TO AN OFFER OF ADMISSION AND THE PROGRESS MADE IN THE COURSE WHILE NOT SATISFYING THE ADMISSION REQUIREMENTS AS PUBLISHED IN THE STUDENTS' HAND BOOK.

FULL NAME

SIGNATURE

DATE



Knutsford University College

ADMISSIONS ACADEMIC REFERENCE FORM

REFERENCE SHOULD NOT BE RELATED TO APPLICANT, REFERENCE LETTERS SHOULD NOT REPLACE THIS FORM.

PART I: TO BE COMPLETED BY THE APPLICANT

APPLICANT'S NAME _____
LAST NAME FIRST NAME MIDDLE NAME

POSTAL ADDRESS _____

RES. ADDRESS _____

CITY STATE ZIP/POSTAL COUNTRY

HOME PHONE CELL PHONE FAX

I, _____ (APPLICANT'S NAME), GIVE KNUTSFORD UNIVERSITY COLLEGE

PERMISSION TO CONTACT THIS REFERENCE AND WAIVE MY RIGHT TO REVIEW ANY COMMENTS MADE AS A RESULT OF THIS CONTACT.

APPLICANT'S SIGNATURE _____ DATE _____

PART II: TO BE COMPLETED BY THE TEACHER OR GUIDANCE COUNSELOR

WE GREATLY APPRECIATE YOUR HELP IN THE ADMISSION PROCESS. YOUR THOUGHTFUL EVALUATION AND RECOMMENDATION WILL BE VALUABLE TO THE ADMISSION COMMITTEE IN OUR APPRAISAL OF THIS APPLICANT. PLEASE NOTE THAT THE APPLICANT CANNOT BE CONSIDERED FOR ACCEPTANCE OR FINANCIAL AID UNTIL WE HAVE RECEIVED THIS COMPLETED FORM. REFERENCE SHOULD NOT BE RELATED TO THE APPLICANT.

INSTRUCTOR'S NAME _____ INSTRUCTOR'S TITLE _____

PHONE _____ CELL PHONE _____ E-MAIL ADDRESS _____

SCHOOL NAME _____ PHONE NUMBER OF SCHOOL _____ FAX NUMBER OF SCHOOL _____

1. HOW LONG HAVE YOU KNOWN THE APPLICANT? 0-6 MONTHS 7-12 MONTHS 1-2 YEARS
 3-5 YEARS 6-10 YEARS OVER 10 YEARS

2. IN WHAT CAPACITY (OR HOW WELL) DO YOU KNOW THE APPLICANT? _____

3. PLEASE TICK THE STATEMENT THAT BEST DESCRIBES THE STUDENT'S INTERACTION WITH YOU AND OTHER FACULTY MEMBERS IN THE CLASSROOM:

- THIS STUDENT ENTHUSIASTICALLY INITIATES DISCUSSIONS AND INTERACTION
 THIS STUDENT WILLINGLY PARTICIPATES IN DISCUSSIONS AND INTERACTION
 THIS STUDENT SELDOM INITIATES DISCUSSIONS AND INTERACTION

4. PLEASE COMMENT ON APPLICANT'S CHARACTER, _____

5. WHAT DO YOU BELIEVE TO BE THE APPLICANT'S GREATEST STRENGTH? _____

6. WHAT DO YOU BELIEVE TO BE THE APPLICANT'S GREATEST WEAKNESS? _____

7. PLEASE LIST ANY CIRCUMSTANCE OF WHICH KNUTSFORD UNIVERSITY COLLEGE SHOULD BE AWARE BEFORE
DECIDING ON THE APPLICANT'S ADMISSION. _____

8. ACADEMICALLY, WHERE WOULD THIS APPLICANT STAND COMPARED TO THE OTHER STUDENTS IN HIS/HER GRADUATING CLASS?

- TOP10% TOP 20% TOP 30% LOWER 50% UPPER 50% LOWER 20%

9. WHAT IS YOUR RECOMMENDATION IN RESPECT TO THIS APPLICANT'S ADMISSION?

- STRONGLY RECOMMEND RECOMMEND RECOMMEND WITH RESEVATIONS DO NOT RECOMMEND

10. CAREFULLY RATE THE APPLICANT BY CHECKING THE APPROPRAITE RATING FOR EACH CHARACTERISTIC, ON A SCALE OF 1-5. 5 INDICATES THAT THE STUDENT EXCELS IN THAT CHARACTERISTICS AND 1 INDICATES THAT THE STUDENT DOES NOT DEMONSTRATE THAT CHARACTERISTICS. IT IS IMPORTANT THAT YOU RATE THE STUDENT TO THE BEST OF YOUR KNOWLEDGE FOR EACH CHARACTERISTIC.

	5	4	3	2	1
COMMUNICATION SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CREATIVITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERGRITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEADERSHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESPONSIBILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SELF-DISCIPLINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SENSITIVITY TO OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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ADMISSION OFFICE
KNUTSFORD UNIVERSITY COLLEGE
P. O. BOX AN 19480
ACCRA-NORTH, ACCRA
GHANA, WEST AFRICA.

10 BAMAKO ROAD, EAST LEGON, ACCRA,
GHANA, WEST AFRICA
POST OFFICE BOX AN 19480, ACCRA-NORTH,
GHANA, WEST AFRICA

TEL: 233 21 911996/ 24 4372072
FAX: 233 21 372072
E-MAIL: admission@knutsford.edu.gh
WEB: www.knutsford.edu.gh