1. Candidates applying for any University of Ghana’s graduate programme should have a good first degree (at least Second Class Lower Division) in the relevant field.

2. i. Applicants outside Ghana and Non-Ghanaians are required to pay a non-refundable application fee of US$110.00 or its equivalent in international money order.

   ii. Applicants in Ghana and Ghanaians are required to purchase Scratch Cards and apply online. (See School of Graduate Studies (sgs.ug.edu.gh) website and the main University’s website (www.ug.edu.gh) for details)

3. Applicants are advised to:
   a. Start processing their forms early in order to make enough room for postal and other delays.
   b. Ensure that their academic transcripts and copies of certificates are enclosed. The three (3) referee’s reports must reach this office as early as possible.
   c. Quote the appropriate programme of study (e.g. PhD, Crop Science, M.Phil French, M.A Translation, MBA Accounting etc) on the top of every document, including the application form.
   d. Applicants may add research proposal, CV, and indicate part-time or full-time on the form.
   e. Graduates of the University of Ghana (from 1996) should quote their ID number on the application form.

4. Applicants should note that forms received with incomplete information may not be processed.

5. Completed application forms and supporting documents must be addressed to, or submitted in person, to:

   The Executive Secretary,
   School of Graduate Studies,
   University of Ghana
   P.O. Box LG 571, Legon

Applications are open from December to March 31st ever y year (for PhD. Programmes, applications are open throughout the year).

(Applicants may contact individual departments for information on selection Interviews/exams dates)
PROPOSED PROGRAMME OF STUDY: ........................................................................

(BLOCK LETTERS)

TO BE COMPLETED IN TRIPlicate

UNIVERSITY OF GHANA APPLICATION FORM
FOR ADMISSION TO GRADUATE DEGREE
COURSES OR RESEARCH STUDENTSHIPS

IMPORTANT: CANDIDATES ARE REQUESTED TO SEND THREE COMPLETED FORMS TO

The Executive Secretary
Previous UG Student ID Number
School of Graduate Studies
(where applicable)
University of Ghana
Legon – Accra

TO REACH HIM/HER NOT LATER THAN…………………… WITH THE FOLLOWING ENCLOSURES

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

(see guidelines)
Cash or Bankers Draft to be made payable to the University of Ghana and crossed (& Co.)
Applicants from outside Ghana are requested to pay US $95.00 or its equivalent.

(ii) Two certified true copies of certificate(s). Two ORIGINALS of transcripts of academic records. Three (3) referee’s reports.

(iii) Three recent passport size photographs.

(iv) One stamped self-addressed EMS envelope

* Mr.
1. Surname .................................................................................................................................
   Mrs. ........................................................................................................................................
   Miss *(Strike out whichever is not applicable)

2. Other Names (in full) ............................................................................................................

3. Date of Birth ........................................................................................................................

   Town and Country of Birth ....................................................................................................

4. Home Town (giving Region/Country) ................................................................................

5. Nationality ...........................................................................................................................

6. Religious Denomination (if any) .........................................................................................

7. Married or Single .................................................. No. of Children ........................................

8. (a) Address to which all communication with this application should be sent ................................

..................................................................................................................................................

(b) Tel. No/E-mail/Fax (if any) ................................................................................................

(Any change of address must be notified at once to the Executive Secretary, School of Graduate Studies)

9. Permanent Home Address .................................................................................................

FOR OFFICE USE ONLY

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10. Name and Address of Parent or Guardian …………………………………………………………………………..

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11. Relationship of Guardian to candidate……………………………………………………………..

12. Name and Address of Next of Kin …………………………………………………………………………..

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13. Relationship of Next of Kin to candidate …………………………………………………………………………..

14. (a) Secondary Education (indicate dates)

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15. Previous Universities attended with date (If UG- state Hall and last year of residence)

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16. Degree(s) obtained, giving class/division

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17. Other academic qualifications …………………………………………………………………………..

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18. Particulars of past and present employment (indicate present place of work and address)

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19. Research Experience
(a) Give a brief outline of Research (es) undertaken ………………………………………………………………
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(b) Duration of research ………………………………………………… ………………………………..…………
(c) State details of papers, books etc published.
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20. (a) DEGREE FOR WHICH CANDIDATE PROPOSES TO STUDY ………………………………………
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(b) FIELD/AREA OF SPECIALIZATION …………………………………………………………………………………
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21. (a) STATE AREA OF RESEARCH IN WHICH YOU ARE PARTICULARLY INTERESTED ………
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(b) OUTLINE OF FUTURE RESEARCH INTEREST IF ADMITTED ……………………………………………
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22. Please give a candid evaluation of yourself as a person, outlining in order of importance to you the personal characteristics you feel are your strengths and those you feel are your weaknesses.
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23. Indicate your career objectives for the next decade

24. State the scholarship you hold or expect to hold or how you would finance your study at the University.

25. Name and Address of three ACADEMIC referees:
   (a) Name … ………………………………………………………………..
   Address …………………………………………………………………
   …………………………………………………………………………………
   (b) Name …………………………………………………………………
   Address …………………………………………………………………
   …………………………………………………………………………………
   (c) Name …………………………………………………………………
   Address …………………………………………………………………
   …………………………………………………………………………………

26. Quote “Graduate Programme Title in all correspondence.
Date ………………………………………………
Signature of Applicant

Please underline your option: Full Time / Part Time

Note: The University of Ghana does not provide financial assistance to students it admits.