



**PENTECOST UNIVERSITY COLLEGE  
FACULTY OF THEOLOGY & MISSION  
CERTIFICATE PROGRAMMES**

Affix with glue  
one of the two  
photographs here and  
clip the endorsed  
on the form

Form No.

**STUDENT INFORMATION**

PROGRAMME APPLIED FOR

NAME ( in capitals)

SURNAME

TITLE  MR.  MRS.  MS.  DR.  REV.

FIRST NAME

OTHER NAME(S)

\*Names must correspond exactly with those used for all examinations taken. Provide legal proof of any change in name

DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y

PLACE OF BIRTH

GENDER

M  F

NATIONALITY

HOME TOWN

REGION OF HOME TOWN

RELIGION

MARITAL STATUS

SINGLE

MARRIED

DIVORCED

ADDRESS TO WHICH COMMUNICATION IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT

TELEPHONE NO.

E-MAIL ADDRESS

PERMANENT HOME ADDRESS (IF DIFFERENT FROM ABOVE)

TELEPHONE NO.

NAME OF PARENT/GUARDIAN/SPONSOR

OCCUPATION OF PARENT/GUARDIAN/SPONSOR

TEL. NO.

ARE YOU PHYSICALLY CHALLENGED?

YES

NO

IF YES, PLEASE SPECIFY

ARE YOU CURRENTLY EMPLOYED?  YES  NO

IF YES:

OCCUPATION

NAME AND ADDRESS OF EMPLOYER

## EDUCATIONAL BACKGROUND

### EDUCATIONAL QUALIFICATION

NAME OF SCHOOL	DATE ATTENDED	QUALIFICATION OBTAINED
1)		
2)		
3)		
4)		
5)		
6)		

### EMPLOYMENT DETAILS

NAME OF COMPANY	DATE OF EMPLOYMENT	DATE EMPLOYMENT ENDED	POSITION	DUTIES
1)				
2)				
3)				
4)				

### REFERENCE

NAME	POSITION	PERIOD YOU HAVE KNOWN THIS APPLICANT	COMMENT ON APPLICANT'S ABILITY TO PURSUE THE PROG.

\*You may use additional sheets to complete this portion

CERTIFICATE PROGRAMMES OFFERED

**CERTIFICATE IN THEOLOGY**

**CERTIFICATE IN CHURCH ADMINISTRATION**

## PROGRAMME SPONSORSHIP

TICK THE APPROPRIATE BOX TO INDICATE HOW YOU WOULD FINANCE YOUR STUDY AT THE UNIVERSITY

SELF

EMPLOYER

OTHER (PLEASE SPECIFY)

## DECLARATION

I \_\_\_\_\_ DECLARE THAT  
ALL THE PARTICULARS FURNISHED BY ME ON THIS APPLICATION FORM ARE GENUINE AND REFLECT MY TRUE  
RECORDS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

## NOTE

AN APPLICANT WHO MAKES A FALSE DECLARATION OR WITHHOLDS RELEVANT INFORMATION MAY BE REFUSED  
ADMISSION. IF HE/SHE HAS ALREADY ENROLLED IN THE UNIVERSITY, HE/SHE WOULD BE ASKED TO WITHDRAW

## NOTE

CANDIDATES ARE REQUIRED TO SEND COMPLETED ADMISSION FORMS TO:  
**THE ACADEMIC REGISTRAR, PENTECOST UNIVERSITY COLLEGE, P. O. BOX KN 1739, KANESHIE -ACCRA**

## FOR OFFICIAL USE ONLY

NAME

SIGNATURE

AMOUNT  GH¢

DATE

ADMISSION  YES  NO