SCHOOL OF HEALTH SCIENCES



Attach 2 Passports Picture here

PERSONAL INFORMATION

1.1 Surname:	_1.2 Other Names:
1.3 Date of Birth:	1.4 Place of Birth
1.5 Place of Residence	1.6 Nationality:
1.7 Religion:	_ 1.8 Marital Status: Single/Married. No. of children
1.9 Sex: (tick) Male	Female
1.10 Postal Address:	
1.11 Residential Address:	
1.12 Telephone Number(s)	
1.13 E-mail Address:	

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1.0 EDUCATIONAL BACKGROUND

School	Course	rse Qualification Period		
			Start	End
1.				
2.				

2.0	SELECTION OF DEPARTMENT		
	MEDICAL LABORATORY		
	Science Laboratory Technology (Certificate)		
	o Medical Laboratory Technology (Diploma)		
	PHARMACEUTICAL SCIENCES		
	o Dispensing Technology (Diploma)		
	o Dispensing Technology (HND)		
3.0	SELECTION OF CAMPUS		
	Accra		
	Tamale		
5.0	HOW DID YOU HEAR OF US?		
	FROM RADIO /TV TEACHER FRIEND BILLBOARD		
	PAST STUDENT POSTER HANDBILL		
	OTHERS (Please specify)		

SCHOOL OF HEALTH SCIENCES

5.1 Do you have any special medical condition? Yes No					
If yes explain the type of condition					
5.2 Do you have any criminal record?					
Explain					
6.0 PARENTAL /GUARDIAN OR SPONS	SOR INFORMATION				
 Name of Parent/Guardian/Sponsor Relationship with sponsor 					
• Occupation:	Tel				
Postal Address:					
• Signature:	Date				

SCHOOL OF HEALTH SCIENCES

CONDITIONS OF ADMISSION

- 1. All tuition fees must be fully paid before commencement of studies.
- 2. Students are expected to attend classes regularly. In case of absence due to sickness medical report should be provided. A Student who absents him/herself for 21 days in a particular semester will be asked to withdraw
- 3. Students should be in Class within five minutes from when the lesson has started otherwise they may not be accepted in class and may be marked absent.
- 4. Personal property is brought onto the College premises at owner's risk. The college accepts no responsibility for loss or damage to such property.
- 5. The administration must be informed immediately of any change of address or phone number.
- 6. Students must abide by all rules and regulations of the College.

HELPFUL REMINDERS

- Mobile Phones usage is not permitted in Class.
- Provocative dressing is not allowed on college premises.
- Don't litter the college premises

Student's Signature:	Data	
Militani e vianaliile.	Date:	
student b bignature.	Dutc.	

SCHOOL OF HEALTH SCIENCES

NB: If you download this form from our web site, your application will only be processed if it is accompanied by the pay in slip from our bankers.

*YOUR APPLICATION MUST BE ACCOMPANIED BY THE FOLLOWING:

- 1. Two passport pictures
- 2. Photocopies of results and certificates
- 3. Legal evidence of change of name if you have changed your name
- 4. Any other relevant document
- 5. Pay in slip indicating payment of Ghc 50 in the school's account with the following details:

Bank: Agricultural Development Bank (adb)

Account Name: Advance Global College

Account #:8011090125675401

Branch: Tamale

OR

Bank: Ghana Commercial Bank

Account Name: Advance Global College

Account Number: 1501130000065

Branch: Abaka Lapaz