

APPLICATION FOR GRADUATE COURSES  
GUIDELINES FOR COMPLETING FORMS

1. Candidates applying for any of University of Ghana's graduate programme should have a good first degree in the relevant field.
2. For M.A., M.PHIL., PhD., MD & D.PHIL programmes please use **Research Forms**. For MBA & MPA COURSE WORK programmes, use the MBA application forms. Candidates applying for the M.Phil Business Administration programme **should** use the Research Form.
3.
  - i) Applicants outside Ghana and Non-Ghanaians are required to pay a non-refundable application fee of US\$75.00 or its equivalent in international money order
  - ii) Applicants in Ghana and Ghanaians are required to pay a non-refundable application fee (Please see advert in the Daily Graphic) by way of Bankers Draft.
4. Ghanaian applicants should enclose 2 normal envelopes, self-addressed and stamped.
5. 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) referees' 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.
6. Applicants should note that forms received with incomplete information may not be processed.
7. Completed application forms and supporting documents must be addressed to, or submitted in person, to:

The Ag. Executive Secretary,  
School of Research and Graduate Studies,  
Frederick Marfo Memorial Building,  
University of Ghana  
P. O. Box LG 571, Legon

Tel: 021-500793

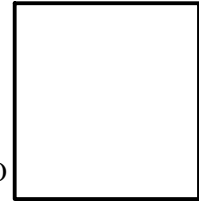
Applications are open from December to March 31<sup>st</sup> every year (for PhD. Programmes, applications are open throughout the year).

(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 MASTER'S DEGREE**  
**IN ADMINISTRATION (MBA/MPA)**



IMPORTANT: CANDIDATES ARE REQUESTED TO SEND THREE COMPLETED FORMS TO

The Executive Secretary  
School of Research and Graduate Studies  
University of Ghana  
Legon – Accra

Previous UG Student ID Number  
(where applicable)  
.....

TO REACH HIM/HER NOT LATER THAN (see guidelines) WITH THE FOLLOWING ENCLOSURES

- (i) Application Fee see guidelines (non-refundable)  
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 \$75.00 or its equivalent.
- (ii) ORIGINALS OR certified true copies of transcripts of academic records and certificate(s).
- (iii) Three recent passport size photographs.
- (iv) One stamped self-addressed EMS envelope

- 1. Surname \* Mr .....  
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 Research and Graduate Studies)
- 9. Permanent Home Address .....

FOR OFFICE USE ONLY	
Applicant Fee.....	Bank Draft/P.O. No.....
Received and acknowledge .....	Date.....

- 10. Name and Address of Parent or Guardian .....  
.....  
.....
- 11. Relationship of Guardian to candidate .....
- 12. Name and Address of Next of Kin .....  
.....  
.....
- 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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23. Indicate your career objectives for the next decade .....

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

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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

Full Time / Part Time

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

**UNIVERSITY OF GHANA**

**SCHOOL OF RESEARCH AND GRADUATE STUDIES**

**ACADEMIC REFEREE'S CONFIDENTIAL APPRAISAL FORM**

**A. TO THE REFEREE**

The candidate named below has applied for admission to a graduate programme in the University of Ghana. Your completion of this confidential appraisal form will aid us greatly in our assessment of the applicant.

PLEASE RETURN DIRECTLY TO:

THE EXECUTIVE SECRETARY  
SCHOOL OF RESEARCH AND GRADUATE STUDIES  
P. O. BOX LG571  
LEGON, ACCRA, GHANA

(IT WOULD BE GREATLY APPRECIATED IF YOU WOULD, AS SOON AS POSSIBLE, TAKE ACTION ON THIS FORM, BECAUSE WITHOUT A REFEREE'S REPORT, AN APPLICATION IS DEEMED INCOMPLETE AND SHALL NOT BE CONSIDERED)

**B. TO BE COMPLETED BY CANDIDATE (Please specify)**

Applicant's name:.....

Programme applied for: MA/MPH .....

M.Phil./M.F.A/LLM.....

M.B.A./M.P.A. (Course work).....

PhD/MD/D.Phil .....

**C. TO BE COMPLETED BY REFEREE**

I. I HAVE KNOWN THE CANDIDATE FOR ..... YEARS AND..... MONTHS IN THE FOLLOWING CAPACITY.....

II. I WOULD RECOMMEND THE APPLICANT'S ADDMISSION

- Without reservation
- With certain reservation
- Not at all

III. BY COMPARISON WITH OTHER STUDENTS WITH WHOM I HAVE BEEN ASSOCIATED DURING THE PAST ..... YEAR (S), I WOULD RANK THIS APPLICANT'S APTITUDE FOR GRADUATE STUDIES AS FOLLOWS.

- Among the top 5%                       Among the top 10%
- Among the top 50%                       Among the lower 50%                       Among the top 25%

IV PLEASE COMPARE THE CANDIDATE WITH OTHER STUDENTS

	Outstanding	Above Average	Average	Below Average	No Good Basis for Judgement
Academic Achievement					
Academic Potential and Intellectual Ability					
Aptitude for Research					
Originality and Imaginative Thought					
Writing Ability					
Oral Ability					
Industry and Resourcefulness					
Professional Commitment					

V. BRIEF COMMENTS ON THE CANDIDATE'S PERSONALITY (MORAL CHARACTER, EMOTIONAL BALANCE, RANGE OF INTEREST, ABILITY TO MIX WIDELY)

VI. IN THE SPACE BELOW, PLEASE INDICATE YOUR GENERAL ASSESSMENT OF THE CANDIDATE, AND ANY OTHER COMMENTS THAT YOU MAY WISH TO MAKE

.....  
REFEREE'S NAME

.....  
SIGNATURE

.....  
DEPARTMENT/STAMP

.....  
INSTITUTION

.....  
POSITION

.....  
TEL. /E-MAIL ADDRESS

DATE:.....