

PROFESSIONAL DETAILS OF APPLICANT

- i. Type of certificate.....
- ii. Training institution.....
- iii. Year of entry.....
- iv. Year of completion.....
- v. Date of appointment
- vi. Number of years of service after school.....
- vii. NMC registration number.....

CHOICE OF PROGRAMME OF STUDY

- i. Bachelor of Science (General Nursing) []
- ii. Diploma in Midwifery []

PROGRAMME MOTIVATION

Please, state why you wish to pursue the programme you have chosen?

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DECLARATION BY APPLICANT

I hereby declare that the information provided is true and correct and will be personally responsible for any errors therein.

Applicant’s Signature..... Date.....

Please make a payment order for **one hundred Ghana Cedis (GHC 100.00)** from any local bank of your choice as application fee (non-refundable). Alternatively you can pay into the university’s **GCB Bank account number 1011130039698**, High Street Branch, Accra and submit the pay-in slip/payment order with the required documents.

Return application form personally with attachments and payment order/pay-in slip to:

**OFFICE OF THE REGISTRAR
ANGLICAN UNIVERSITY COLLEGE OF TECHNOLOGY
P.O. BOX 78, NKORANZA, B/A – GHANA**