

UNIVERSITY OF GHANA
FORM OF APPLICATION FOR THE ADMISSION OF VISITING/SPECIAL ADMISSION STUDENTS.

(The duration of Special Admission/Occasional Studentship is not more than two semesters)

IMPORTANT: CANDIDATES ARE REQUIRED TO SEND THREE COMPLETED FORMS TO:

The Assistant Registrar
International Programmes Office
University of Ghana
P.O. Box LG 586, Legon.

→ cannot be photocopied

WITH THE FOLLOWING ENCLOSURES:

- I. Application fee of US \$75 (not refundable) - NOT REQUIRED!
- II. Transcripts or certificates from candidate's former University/institution - NOT REQUIRED
- III. Three recent passport-size photographs (One of the photos should be endorsed)

1. NAME

LASTNAME

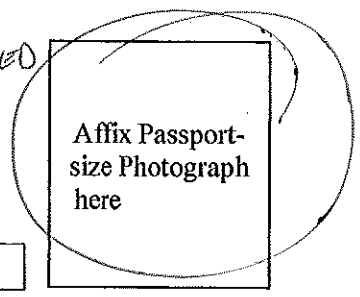
Mr./Mrs./Ms.
*Strike out whichever is not applicable

SURNAME (LAST OR FAMILY)

FIRSTNAME, MIDDLENAME

OTHER NAMES (FIRST, MIDDLE)

(Names must correspond exactly with those used for all examinations taken. Provide legal proof for any change in name.)



2. Sex (1-Male 2-Female)

3a. Date of Birth MMDDYY

3b. Place of birth CITY, STATE

4a. Nationality USA (Example)

4b. Region/Country USA (Example)

5a. Marital Status (1-Married 2-Single)

5b. Number of Children

6a. Religion

6b. Denomination

7. Address to which communication in connection with this application should be sent

New York University, Office of Global Programs, 110 E 14th St, Lower Level,

NY, NY 10003

Tel No. 212-998-4433

E-mail nyu.in.ghana@nyu.edu

Fax 212-995-4103

(Any change of Address must be notified at once to the International Programmes Office)

8. Permanent Address.

FOR OFFICE USE ONLY

Application Fee	Summary of applicant's educational qualification(s)
Cheque/ M.O. No.....	
Received and Acknowledged.....	
Date.....	
Remarks.....	

9a. EDUCATION
Schools/ Colleges and Universities attended with dates

Name of School & Location	Attendance Dates	
	From	To
High School	month, year	month, year
New York University (or home university)	month, year	month, year

Current home institution.....

9b. Academic information.....

Highest degree completed.....

9c. Highest degree in progress at home Institution.....

Major field.....Minor field.....

9d. Date of expected completion. Month..... / Year.....

9e. Provide other academic information (if any).....

10. Research experience (if any)

* 11. Proposed course(s) of study. Review Spring course offerings at U Ghana (follow NYU study abroad website links.)

12. Give particulars of any special experience, interests or qualifications relevant to your application

13a. Indicate the Duration of programme:

One Semester Two Semesters

13b. Specify the semester at which you intend to enrol:

First Semester Second Semester

Date of Commencement

Note: First/Fall Semester begins August/September and ends in December

Second/Spring Semester begins January/February and ends May/June

* These courses are not set in stone. List extra courses of interest. You will get a chance to modify when you arrive in Accra.

14. Names and address of organization or person responsible for your fees, etc.
..... New York University, Office of Global Programs
..... 110 E 14th Street, Lower Level
..... NY, NY 10003

NOTE: The University does not operate any scholarship scheme from which foreign students may benefit

15. Full name and address of your present/last University or similar institution
..... New York University (a home university)
..... 110 E 14th Street, Lower Level
..... NY, NY 10003

16. Person(s) to contact in case of emergency
.....
Relation to candidate.....
Address.....
Telephone (with area code).....
E-mail..... Fax.....
Occupation.....

IMPORTANT: AN APPLICANT WHO MAKES A FALSE STATEMENT OR WITHHOLDS RELEVANT INFORMATION MAY BE REFUSED ADMISSION. IF HE/SHE HAS ALREADY COME INTO THE UNIVERSITY, HE/SHE MAY BE ASKED TO WITHDRAW.

Date Date Signed Signature SIGN HERE!

Quote "Visiting/ Special Admission student" in all correspondence.

DECLARATION - Leave blank

This declaration should be signed by the Director of Studies of your University.

The application will be invalid if this declaration is not signed.

I certify that the photograph endorsed by me is the true likeness of the applicant Mr/Miss/Mrs.....
..... who is personally known to me.

I have inspected his/her certificates and I am satisfied that the names on them conform to those by which to the best of my knowledge, he/she is officially known to me.

I confirm that the courses he/she proposes to take will count towards the award of the Bachelors degree of this University.

Date..... Signature.....
Name.....
Status.....
Address.....
.....
.....