

UNIVERSITY FOR DEVELOPMENT STUDIES

(Centre for Distance and Continuing Education-Tamale)



Access Programme Admission Application Form (2017/2018 Academic Year)

*Passport Picture
(With White Background)

1. *Option: WASSCE SSSCE SC/GCE 'O' & A-Level

(State the Qualification(s) you are using to apply for this programme)

2. *Preferred Center: (Please Tick your Preferred Centre of Learning Below)

Tamale/Nyankpala Campus Wa Campus Navrongo Campus

3. *Transaction Code: _____

PART I

4. Name: _____

*(Surname)

*(First Name)

(Other Names)

5. Permanent Mailing Address:

6. *Date of Birth: ____/____/____ 6. Town/City of Birth: _____
Day Month Year

7. Country of Birth: _____ 8. *Nationality: _____

9. *Sex: _____ 10. Marital Status: _____

11. Contact Information:

*Mobile Phone Number(s): _____

*Email Address: _____

Portions marked asterisk (*) are compulsory and should be completed

PART II

12. *List the School(s) Attended with Dates:

S/N	Name of School	Date (State Year Only)	
		From	To
1.			
2.			
3.			
4.			
5.			

13. Details of Examination(s) Taken and Results Obtained

▪ **WASSCE/ SSSCE APPLICANTS**

Type of Examination: WASSCE SSSCE
(Tick as Applicable)

Please indicate one index number per examination and record the grades obtained accordingly

S/N	INDEX NUMBER	SUBJECT	GRADE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			

Portions marked asterisk () are compulsory and should be completed*

▪ **OTHER APPLICANTS (SC/GCE O’& A LEVEL HOLDERS...ETC)**

Type of Examination: _____

Please indicate one index number per examination and record the grades obtained accordingly

S/N	INDEX NUMBER	SUBJECT	GRADE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

14. *Applicant’s Declaration

To the best of my knowledge, the above information is complete and correct and I understand that failure to give the correct information will result in the cancellation of my Application for Admission.

(Signature of Applicant)

(Date)

15 *Declaration

This declaration should be signed by someone of high repute who should also endorse one of the passport-size photographs on the reverse side. This person should be a senior public servant or a known person belonging to the learned professions(e.g. a clergyman, lawyer, medical practitioner etc.) For candidates who took their examinations in school, this declaration should only be signed by the headmaster/principal of their school.

The application will not be valid 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.

Portions marked asterisk (*) are compulsory and should be completed

Signature.....

Name.....

Status.....

Address.....

Date.....

15.

PART III

Please tick the documents you are submitting in support of this application.

S/N	Document Type	Tick
1.	Examination Results Slip(s)	
2.	Photo-copies of Certificate(s)	
3.	Birth Certificate (not compulsory)	
4.	3 Passport Size Photographs (White Background)	
5.		
6.		
7.		
8.		

PART IV

For Official Use Only

Full Name of Applicant: _____

Application Form Payment Confirmed: _____

Transaction ID Number: _____

Date of Receipt of Application Form: _____

Assessment of the Completeness of Application Form` (Remarks):

Portions marked asterisk () are compulsory and should be completed*



Admission Decision: Accepted Rejected Additional Documents Needed

Name _____ **of** _____ **Reviewing** _____ **Officer:** _____

Position _____ **of** _____ **Reviewing** _____ **Officer:** _____

Signature _____ **and** _____ **Stamp** _____ **of** _____ **Reviewing** _____ **Officer:** _____

Date of Review: _____