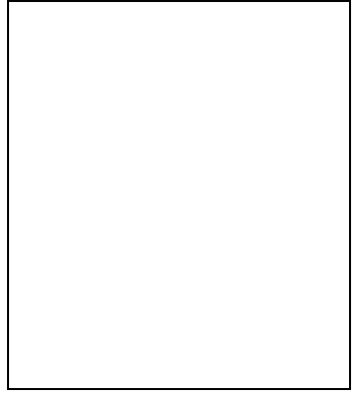


UNIVERSITY OF GHANA
APPLICATION FORM FOR VISITING STUDENTS

(The duration of Visiting Studentship is not more than two semesters)

Important notice: *In order to be able to fill out all parts of this form electronically, we advise that you fill out the form using the Adobe Acrobat DC application. If otherwise, and you are thus not able to fill some parts of the form, kindly print and handwrite the part you are not able to fill electronically, and attach your passport-size photograph during submission*



Upload passport-size photograph here

The following must be enclosed as well:

- I. Application fee of US \$110 (non-refundable)
- II. Transcripts or certificates from candidate's former university/institution

1. NAME:

Mr. Mrs. Ms.

SURNAME (LAST /FAMILY)

FIRST NAME

MIDDLE NAME

*(NAMES MUST CORRESPOND EXACTLY WITH THOSE USED FOR ALL EXAMINATIONS TAKEN, PROVIDE PROOF OF ANY CHANGE IN NAME)

2. Sex: Male Female

3a. Date of Birth: 3b. Place of birth
 dd mm yyyy

4a. Nationality 4b. Region/Country

5a. Marital Status: Married Single 5b. Number of children

6a. Religion _____ 6b. Denomination

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

Email

Tel.

WhatsApp Contact

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

8. Permanent Address

FOR OFFICIAL USE ONLY

Application Fee.....
Cheque / M.O. No.....
Received and Acknowledged.....
Date.....
Remarks

Summary of applicant's educational qualification (s)
.....
.....
.....
.....

9. EDUCATION

Schools/ Colleges and Universities attended with dates:

Name of School and Location	Attendance Dates	
	From	To

Current home institution

9b. 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

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

13. Indicate the duration of programme:

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

First Semester

Second Semester

Date of Commencement

Note: First Semester begins October and ends in December

Second Semester begins May and ends in August

Check the most recent academic calendar [here](#)

14. Name and address of organization or person responsible for your fees, etc.

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

16. Person(s) to contact in case of emergency (preferably parents)

Relation to candidate

Address

Telephone (with area code)

E-mail

Occupation

17. Indicate your room preference

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

Date

Signature

Note: Quote “Visiting Student” in all correspondence

DECLARATION

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/Graduate degree of this University.

Date

Signature

Name

Status

Address