

ACADEMIC CITY

APPLICATION FOR UNDERGRADUATE ADMISSION

September 2019 Entry

(All fields must be completed for your application to be considered; where not applicable please state N/A)

PERSONAL INFORMATION

1. NAME:

	FIRST	MIDDLE	L	4 <i>ST</i>
2. DATE OF BIRTH:			3. 🗆 FEMALE	
	DAY / MONTH / YEAR			
4. EMAIL ID:		5. NATIONALITY	' :	
6. PHONE NUMBER:		7. HOME REGIO	N:	
8. ADDRESS:				
		STREET ADDRE	SS	
TOWN/CITY	STATE/PROV	INCE/REGION	COUN	TRY
9. ID TYPE:		10. ID NUMBER:		

PROGRAM DETAILS

1. PLEASE SELECT YOUR PROGRAM OF CHOICE

ENGINEERING

- □ B.Sc. ELECTRONICS & COMMUNICATION ENGINEERING
- B.Sc. COMPUTER SCIENCE & ENGINEERING
- □ B.Sc. MECHANICAL ENGINEERING
- □ B.Sc. ELECTRICAL & ELECTRONICS ENGINEERING¹

BUSINESS

- □ BACHELOR OF BUSINESS ADMINISTRATION ACCOUNTING
- □ BACHELOR OF BUSINESS ADMINISTRATION BANKING & FINANCE
- □ BACHELOR OF BUSINESS ADMINISTRATION HUMAN RESOURCE MANAGEMENT
- □ BACHELOR OF BUSINESS ADMINISTRATION MARKETING

INFORMATION TECHNOLOGY

□ B.Sc. INFORMATION TECHNOLOGY

COMMUNICATION ARTS

- □ B.A. JOURNALISM & MASS COMMUNICATION
- □ B.A. ADVERTISING & PUBLIC RELATIONS

¹In development

ACADEMIC HISTORY

Please submit copies of your official transcripts or report cards and result slips (other language documents translated in English) HIGH SCHOOLS ATTENDED OR ATTENDING

Qualification (e.g. A Levels/WASSCE/HND)	School/College Name	Enrolment Period From (MM/YY) - To (MM/YY)	Country

DISTINCTIONS & EXTRA-CURRICULARS

1. List any distinctions, awards or honours you received or won

Name of Award, Honour or Distinction	Name of Institution	Year Received

2. State most recent work experience

Employer Name	Your Role/Title	Employment Period	No. of hours per week
		From (MM/YY)	
		To (MM/YY)	

HOUSING

As part of the Academic City experience, all first-year studen	ts are encoura	ged to live on cam	pus.
Would you require on-campus hostel accommodation?	□ YES	□ NO	

PARENT / GUARDIAN / SPONSOR DETAILS

PARENT / GUARDIAN / SPONSOR NAME:	RELATIONSHIP:
EMAIL ID:	PHONE NUMBER:
CURRENT OCCUPATION: OWN BUSINESS	INDUSTRY TYPE:
EMPLOYMENT JOB TITLE:	COMPANY NAME:

ADDITIONAL INFORMATION

1. How did you hear about us?	
□ Academic City Website	Radio; Please specify:
Social Media (Facebook, Instagram, Twitter, etc.)	□ Billboard;
Please specify:	Please specify Location:
Newspaper; Please specify:	□ School Visit
Educational Fair; Please specify:	Television; Please specify:
Referral; Please specify who:	□ Agent; Please specify:
Flyer / Brochure	□ Other
Please specify where:	Please specify:

2. Do you have any disability or learning difficulty that may affect your learning while at Academic City

□ NO □ YES If yes, please provide a brief	explanation:
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SHORT ESSAY RESPONSE

Submit this short essay response with your application (max. 400 words). Choose ONE of the following two options:

- 1. **Describe an experience** from your life that *demonstrates your character* or that helped *shape who you are* (OR)
- 2. Describe a situation in your life when you faced a challenge and how you managed that situation

Your essay will help us get to know you better, so please be open and honest.

APPLICATION CHECKLIST

- Completed and signed Academic City application with two passport size photos signed on the back
- Copy of transcripts or senior high school terminal reports / final year certificate
- □ One admission essay
- Documents to justify equivalence of qualifications (for candidates from foreign institutions)
- □ Passport and/or non-citizen ID card copy for foreign nationals
- □ Proof of payment of application fee: GHC 100 (Ghanaian Students), \$50 (Foreign Students). Payment options below:

Ecobank Deposit or Transfer

Company Name: Academic City College (Gh) Limited Ghana Cedi Account Number: 0010134415403101 US Dollar Account Number: 0012104415403101 Bank Name: Ecobank Ghana Limited Bank Address: 19, Seventh Avenue, Ridge West, Accra Swift Code: ECOCGHAC

MTN Mobile Money Number: +233 (0)242538304 (In Ghana only)

<u>Cash</u> at on-campus fee counter in Ghana (In Ghana only)

For Payment in Nigeria Only

Bank Name: EcoBank Nig Plc. Account Name: Academic City College (GH) Limited Naira Account Number: 2813061976 USD Account Number: 2813063664

Candidates awaiting final exam results can apply for admission (admission to be confirmed after final results)

Mail/drop application at the Admissions Office, Academic City college (OR) email to admissions@acity.edu.gh (P.O. Box AD 421, Adabraka, Accra)

PLEASE NOTE

- Candidates awaiting final exam results can provide all other documents to be reviewed for admission. Final exam results must be submitted as soon as released (admission to be confirmed after final results).
- English translated copies to be submitted for supporting documents (e.g. transcripts) in other languages.
- Admissions eligibility of foreign candidates will be governed by the equivalency norms set by the National Accreditation Board (NAB) and affiliating university.

DECLARATION BY APPLICANT

I hereby solemnly affirm and declare that the information provided in this form is correct and the supporting documents submitted are genuine in all respects. In case any information or document is found to have been falsified, then the same shall render the application form null and void, and shall result in automatic cancellation of my admission, and liable to disciplinary action by Academic City. I understand that my admission and continuous enrolment are governed by the statutes of Academic City. I shall abide by all rules and regulations applicable to Ghanaians / foreign nationals in Ghana.

DATE:

SIGNATURE OF APPLICANT: