SCHOOL OF HEALTH SCIENCES



Attach 2 Passports Picture here

1.0 PERSONAL INFORMATION

1.1 Surname:	_1.2 Other Names:
1.3 Date of Birth:	_ 1.4 Place of Birth
1.5 Place of Residence	_ 1.6 Nationality:
1.7 Religion:	1.8 Marital Status: Single/Married. No. of children
1.9 Sex: (tick) Male	Female
1.10 Postal Address:	
1.11 Residential Address:	
1.12 Telephone Number(s)	
1.13 E-mail Address:	

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2.0 EDUCATIONAL BACKGROUND

School	Course	Qualification	Period	
			Start	End
1.				
2.				

3.0	SELECTION OF DEPARTMENT
	MEDICAL LABORATORY
	Science Laboratory Tech (Certificate)
	o Medical Laboratory Technology (Diploma)
	PHARMACY
	 Pharmacy Technology (Diploma) – NABPTEX
	 Dispensing Technology(HND)
4.0	SELECTION OF CAMPUS
	Accra Tamale
5.0	HOW DID YOU HEAR OF US?
	FROM RADIO /TV TEACHER FRIEND BILLBOARD
	PAST STUDENT POSTER HANDBILL

SCHOOL OF HEALTH SCIENCES

OTHERS (Please specify)		
	ondition? Yes No No	
	Yes No	
Relationship with sponsorOccupation:	NSOR INFORMATION Tel.	- <i>-</i>
	Date	

SCHOOL OF HEALTH SCIENCES

CONDITIONS OF ADMISSION

- 1. All tuition fees must be fully paid before commencement of studies.
- 2. Students are expected to attend classes regularly. In case of absence due to sickness medical report should be provided. A Student who absents him/herself for 21 days in a particular semester will be asked to withdraw
- 3. Students should be in Class within five minutes from when the lesson has started otherwise they may not be accepted in class and may be marked absent.
- 4. Personal property is brought onto the College premises at owner's risk. The college accepts no responsibility for loss or damage to such property.
- 5. The administration must be informed immediately of any change of address or phone number.
- 6. Students must abide by all rules and regulations of the College.

HELPFUL REMINDERS

- Mobile Phones usage is not permitted in Class.
- Provocative dressing is not allowed on college premises.
- Don't litter the college premises

Student's Signature:	Data	
otudent 8 oignature.	Date:	
		_

SCHOOL OF HEALTH SCIENCES

NB: If you download this form from our web site, your application will only be processed if it is accompanied by the pay in slip from our bankers.

*YOUR APPLICATION MUST BE ACCOMPANIED BY THE FOLLOWING:

- 1. Two passport pictures
- 2. Photocopies of results and certificates
- 3. Legal evidence of change of name if you have changed your name
- 4. Any other relevant document
- 5. Pay in slip indicating payment of Ghc 50 in the school's account with the following details:

Bank: Agricultural Development Bank (adb)

Account Name: Advance Global College

Account #:8011090125675401

Branch: Tamale

OR

Bank: Ghana Commercial Bank

Account Name: Advance Global College

Account Number: 1501130000065

Branch: Abaka Lapaz