

PASSPORT
PHOTOGRAPH

**AFRICAN UNIVERSITY COLLEGE OF
COMMUNICATIONS (AUCC)**



SCHOOL OF RESEARCH & GRADUATE STUDIES

GRADUATE APPLICATION FORM

FULL NAME: _____

SPECIALIZATIONS (PLEASE TICK)

___ **M.A. COMMUNICATION**

___ **MSc PROJECT MANAGEMENT**

___ **MBA ACCOUNTING AND FINANCE**

1. Surname Mr./Mrs./Miss.....

(Strike out whichever is not applicable)

2. Other Names (in full).....

3. Date of Birth.....

4. Town and Country of Birth.....

5. Home Town (giving Region/Country).....

6. Nationality.....

7. Sex.....

8. Religious Denomination (if any).....

9. Marital Status _____ No. of Children _____

10. (a) Address to which all communication with this application should be sent

(b) Tel. No/E-mail/Fax (if any).....

(Any change of postal address, telephone number and email address must be notified at once to the Dean Graduate Studies, AUCC)

11. Permanent Home Address

**12. Name and Address of Parent or
Guardian (Alive or deceased)**

13. Relationship of Parent or Guardian to candidate. _____

14. Name and Address of Next of Kin

15. Relationship of Next of Kin to candidate _____

16. Secondary Education (indicate dates)

17. Previous Universities attended with date _____

18. Degree(s) obtained, giving class/division

19. Other academic /professional qualifications _____

20. Please state the name of the institution of which you are a member, your level of membership, the date you become a member, its expiry date *if applicable) and your registration number _____

21. Particulars of past and present employment

Name of Organisation	Duration		Positions held	Postal address of employer
	From	To		

22. Please give a candid evaluation of yourself as a person, outlining in order of importance to you the personal characteristics you feel are your strengths and those you feel are your weaknesses _____

24. Indicate your career objectives for the next decade _____

25. State the scholarship you hold or expect to hold or how you would finance your study at AUCC _____

26. Attach a one page objective statement to the application.

27. English language competency

My first language is English Another Language

Please specify _____

28. Name and Address of two referees:

(One Academic and One Professional)

(a) Name: _____

Address _____

Knowledge of applicant: _____

(b) Name: _____

Address: _____

Knowledge of applicant: _____

Checklist: Please make sure that you include the following:

- . Application forms signed and dated
- . Copies of relevant qualifications certificates/transcripts
- . Application forms receipt
- . Two Reference Letters
- . Two passport-sized photograph with white background

I hereby agree to make a commitment fee of **20%** before commencement of the course.

Completed application forms and supporting document should be sent to:

SCHOOL OF RESEARCH & GRADUATE STUDIES

African University College of Communications

P.O.BOX LG 510

Legon-Accra

I _____ confirm that, to the best of my knowledge, the Information provided in this form is factually accurate and that no requested information, or any additional information relevant to this application, has been omitted.

Signature of Applicant _____ Date. _____