

PASSPORT
PHOTO

NEUMANN COLLEGE

P.O.BOX 2280, ATWIMA TAKYIMAN, KUMASI – GHANA

TELEPHONE: 0267 330 492 / 0547 661 117



ADMISSION APPLICATION FORM

1. APPLICANT’S SURNAME:.....

FIRST NAME:.....OTHER NAME:.....

DATE OF BIRTH:.....AGE:.....SEX: M F (Tick one)

PLACE OF BIRTH:.....RELIGION:.....

HOMETOWN:.....RESIDENTIAL / POSTAL ADDRESS:.....

.....

Email:.....TEL. NO.....

2. PROGRAMME APPLYING FOR: B.SC. IN GENERAL NURSING

STATUS: DAY / BOARDING (TICK ONE)

3. WOULD YOU NEED REMEDIALS TO BETTER YOUR GRADES?: YES NO

4. EDUCATION / QUALIFICATION: SHS OTHER:

NAME OF LAST SCHOOL ATTENDED:.....

DATE OF COMMENCEMENT:.....

DATE OF COMPLETION:.....

SCHOOL RESULTS: (i).....Grade:.....Year:.....

(ii).....Grade:.....Year:.....

CORE (iii).....Grade:.....Year:.....

ELECTIVES (iv).....Grade:.....Year:.....

(v).....Grade:.....Year:.....

(vi).....Grade:.....Year:.....

TOTAL AGGREGATE:.....

NOTE: ATTACH PHOTOCOPY(IES) OF CERTIFICATE(S) OBTAINED OR RESULT SLIP AND YOUR BIRTH CERTIFICATE.

5. PARENT’S/GUARDIAN’S/SPONSOR’S NAME:.....

GUARDIAN'S RESIDENTIAL ADDRESS/POSTAL ADDRESS:.....
.....

OCCUPATION:..... TEL. NO.:.....

LEVEL REACHED IN EDUCATION:.....

6. **HUSBAND'S/WIFE'S NAME: (if married)**.....

ADDRESS:..... TEL. NO.:.....

LEVEL REACHED IN EDUCATION:.....

7. **TWO REFEREES:** (A REFEREE MUST BE ANY OF THESE: PASTOR, HEAD OF A SCHOOL, MEDICAL OFFICER, REGISTERED NURSE, RENOWNED POLITICIAN, IMAM)

(i) NAME:.....

ADDRESS:.....

OCCUPATION:..... TEL NO:.....

SIGNATURE:..... DATE:.....

(ii) NAME:.....

ADDRESS:.....

OCCUPATION:..... TEL:.....

SIGNATURE:..... DATE:.....

CONDITIONS FOR ADMISSION

PLEASE YOU ARE STRONGLY ADVISED TO READ THE FOLLOWING CONDITIONS FOR ADMISSION VERY WELL BEFORE SIGNING THIS ADMISSION APPLICATION FORM

1. All fees **MUST** be paid in full before the start of your programme after you have been duly offered admission.
2. Any fee(s) paid is/are **NON-REFUNDABLE**.
3. Any false / incorrect information provided by the applicant on this form may render the student liable to **EXPULSION**.

4. You must immediately notify the Director of Operations of any change(s) of Address or Marital Status.
5. Perpetual absenteeism without **SATISFACTORY REASON** may lead to the termination of your admission with the college.
6. Interview is compulsory. Therefore, all prospective students shall be invited for interview.
7. Your admission into the Degree programme is conditional if the minimum entry requirement is not met. You must therefore re-write the WASSCE (private) to meet up with the minimum requirement (at least C6 in English Lang., Core Maths, Integrated Science and three other elective subjects) before the completion of your programme by way of remedial.

AFFIRMATION BY APPLICANT: I hereby affirm that all the information provided above are true and correct to the best of my knowledge and that I have read and understood all the conditions very well. I promise to be of good behaviour and to comply with all the conditions for admission stated above and all the college's code of ethics at all times if I am considered for admission.

Applicant's

Name:.....

Signature:.....Date:.....

WITNESS:

Iattest to the information provided by
.....

Position/Status/Relationship with the applicant:.....

Signature:.....Date:.....

PLEASE, SUBMIT THIS FORM TOGETHER WITH A PHOTOCOPY OF THE RECEIPT OF PURCHASE WITH THE DIRECTOR'S STAMP.

NOTE: MODE OF PAYMENT OF FEES: (1) Banker's drafts from reputable banks
(2) Direct payment into the college's **ECOBANK ACCOUNTS NO 0743 2144 7961 4701 OR UBA ACCOUNTS NO 02222 27320 1503** (3) **NO CASH IS ACCEPTED FOR PAYMENTS IN THE COLLEGE.**

WEBSITE: www.neumannschools.edu.gh

E-mail: info@neumannschools.edu.gh

COST OF ADMISSION APPLICATION FORM: GH¢100.00