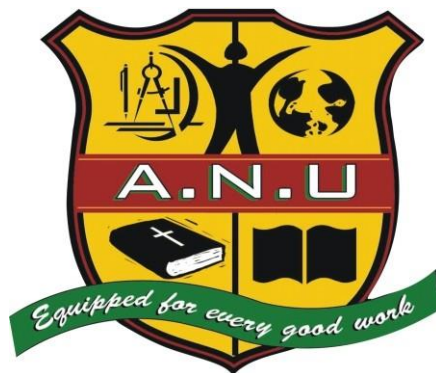


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# ALL NATIONS UNIVERSITY APPLICATION FORM GRADUATE ADMISSION

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ACCREDITED BY THE NATIONAL ACCREDITATION BOARD (NAB)

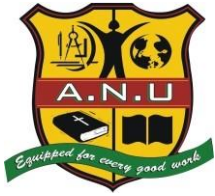


## VISION STATEMENT

- To provide quality higher education that is pursued in a vibrant Christian environment of truth and integrity

## MISSION STATEMENT

- To provide quality higher education that promotes development, and to raise up leaders with Christian values and ethics for good governance to serve the people.



# ALL NATIONS UNIVERSITY

*Equipped for every good work*

AFFIX  
PHOTO  
HERE

## APPLICATION FORM FOR GRADUATE ADMISSION

**COMPLETE THIS FORM IN BLOCK LETTERS**

### PART 'A'

#### PERSONAL INFORMATION

Name of Applicant (As indicated on your Degree Certificate/Transcript)

Rev.  Mr.  Mrs.  Miss.  Other Title: \_\_\_\_\_

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Other Names: \_\_\_\_\_

Date of Birth of Applicant (dd/mm/yyyy) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Place of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_ Passport Number (if any) \_\_\_\_\_

Language(s) spoken: \_\_\_\_\_

Blood Group: \_\_\_\_\_

Gender: Male  Female

**Religious Background (please tick as applicable)**

Christian  Muslim  Traditional  Others (please specify) \_\_\_\_\_

**Marital Status (please tick as applicable)**

Single  Married  Separated  Divorced  Widowed

Mailing /Home Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

(Office)

(Residence)

(Mobile)

E-mail Address: \_\_\_\_\_

**Employment Status (please tick as applicable)**

Employed  Unemployed

If employed please state name and location of company or organization

\_\_\_\_\_

If unemployed, please state source of funding

Scholarship       Loan       Family Support       Any other, please specify \_\_\_\_\_

**PART 'B'**

**PARENT/GUARDIAN'S**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Profession: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*(Office)*

*(Residence)*

*(Mobile)*

Highest Qualification Earned: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Profession: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*(Office)*

*(Residence)*

*(Mobile)*

Highest Qualification Earned: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

## PART 'C'

### APPLICANT'S EDUCATIONAL HISTORY

#### DEGREE (S) OBTAINED

Degree Programme Studied	Name of School and Location	Year of Study From - To	Class Obtained	CGPA	Percentage Grade

*(Original Documents must be submitted, copies will be certified and originals returned)*

#### OTHER ACADEMIC/PROFESSIONAL QUALIFICATIONS

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#### List Schools/Institutions you have attended and completed

Name of School / Institution	Location	From	Dates
			To

#### The following documents are to be enclosed along with the completed application form

- Two (2) Passport Size Photographs\*
- Copy of your National Identification Card\*
- Evidence of source of Funding
- Secondary or High School Certificate(s)\*
- Degree Certificate(s)\*
- Transcript(s)\*
- Proof of National Service\*
- Proof of Work Experience
- Resume/CV
- Two (2) Letters of Recommendation\* (One (1) must be from an Academic Referee)
- Statement of Purpose\*
- Research Proposal (for MPhil Applicants only)

## FOR TRANSFER CANDIDATE

Institution Now Attending	Programme Studied	Number of Years at Current Institution	Dates

*Attach OFFICIAL TRANSCRIPTS/CERTIFICATES as appropriate and any other relevant awards, professional certificates, etc*

### PROGRAMME OF STUDY

- MBA Finance  MSc.Cyber Security   
MBA Accounting  MBA Information Technology   
MBA Marketing & Strategy  MPhil Business Administration   
MBA Hospital Management

### THEOLOGY

- MA Theology   
MPhil Theology   
PhD Theology

Area of Specialization \_\_\_\_\_

### SESSION OF ENROLLMENT

- Evening  Weekend  Regular

### DO YOU NEED RESIDENTIAL ACCOMMODATION? *(please tick as applicable)*

- Yes  No

### DO YOU HAVE ANY FORM OF DISABILITY? *(please tick as applicable)*

- Yes  No

If yes, please specify: \_\_\_\_\_

### HOW DID YOU HEAR ABOUT ANU?

- Newspaper  Television  Radio  Friends   
Students  Alumnus  Agents  Internet

*(Please state name of person or medium)*

Name/Medium: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*(Office)*

*(Residence)*

*(Mobile)*

**PART 'D'**

**AFFIRMATION OF INFORMATION SUPPLIED**

I certify that the information I have supplied in this application is correct to the best of my knowledge.

**NOTE:**

AN APPLICANT WHO MAKES A FALSE STATEMENT OR WITHHOLDS RELEVANT INFORMATION SHALL BE DENIED ADMISSION. IF HE/SHE HAS ALREADY BEEN ADMITTED IN THE INSTITUTION, HE/SHE SHALL BE ASKED TO WITHDRAW.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Full Name (As it appears on your certificate)

**DECLARATION BY A REPUTABLE PERSONALITY**

This declaration should be signed by any of the following individuals who should also endorse the back of one of the three passport size photographs of the applicant.

These individuals are:

- |                           |   |
|---------------------------|---|
| 1. Clergy                 | 6. Head of Educational Institution      |
| 2. Medical Officer        | 7. Engineer                             |
| 3. Bank Manager           | 8. Police Officer (Inspector and above) |
| 4. Accountant (Certified) | 9. Army Officer (Captain and above)     |
| 5. Lawyer                 | 10. Senior Civil Officer                |

**THE APPLICATION WILL NOT BE VALID IF DECLARATION IS NOT SIGNED.**

I certify that the photocopy endorsed by me is the true likeness of the applicant.

Bishop/Rev. /Mr./Mrs./Miss.: (Print) \_\_\_\_\_

who is personally known to me.

Name: \_\_\_\_\_ Profession: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(Office)

(Residence)

(Mobile)

E-mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Stamp / Seal of Officer \_\_\_\_\_

**FOR OFFICE USE ONLY**

**STUDENT'S ASSESSMENT FORM**

Applicant's Name: \_\_\_\_\_

Degree Programme Studied	Class Obtained	CGPA	Percentage Grade

**OTHER QUALIFICATIONS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REMARKS BY GRADUATE ADMISSION BOARD**

GRADUATE PROGRAMME ADMITTED TO: \_\_\_\_\_

**Name**

**Signature**

Graduate Administrator

\_\_\_\_\_

Graduate Admissions Board

\_\_\_\_\_

Dean of Graduate School

\_\_\_\_\_

Date: \_\_\_\_\_

**SCHOOL OF GRADUATE STUDIES  
ALL NATIONS UNIVERSITY  
POST OFFICE BOX KF 1908  
KOFORIDUA, E/R GHANA**

**TEL. # +233 24 412 0872 / +233 54 235 8493 / +233 50 354 1863 / +233 20 160 0855  
email: [gradadmissions@anu.edu.gh](mailto:gradadmissions@anu.edu.gh)  
website: <https://www.anu.edu.gh> <https://anuportal.anu.edu.gh>**

