

COLLEGE OF HEALTH SCIENCES
UNIVERSITY OF GHANA
POSTGRADUATE SCHOLARSHIP

IMPORTANT: Candidates are requested to send the completed form plus curriculum vitae, an admission letter with names of 2 academic referees to the secretary of the Scholarship and Prizes Committee at the address below. In addition, candidates must arrange for an Academic Transcript to be sent to the secretary.

Secretary

Scholarship and Prizes Committee, College of Health Sciences, University of Ghana
P. O. Box KB 52, Korle Bu, Accra.

Note: Applicants should have second class (upper division) to be eligible; applicants on study leave with pay are not eligible; applicants must have CGPA of **2.5** to continue enjoying the scholarship in the second year. Completed application form should reach college academic affairs office room 27 before the end of November.

SCHOLARSHIP APPLICATION FORM

SECTION A: PERSONAL INFORMATION

1. Surname Mr/Mrs/Miss
2. Other Names (in full)
3. Date of Birth
4. Town and Country of Birth
5. Nationality
6. Married or Single No. of children.....
7. (a) Address to which all communication with this application should be sent
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(b) Tel. No. (c) Fax
- (d) Email Address

NB. Any change of in (a) – (d) must be notified at once to the Secretary of the Scholarship and Prizes Committee

8. Permanent Home Address (if different from 7 (a))

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SECTION B: ACADEMIC RECORD

9. Previous Universities attended with dates.

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

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11. Other academic qualifications (indicate where and when obtained).

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12. Publication if any.

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SECTION C: CURRENT APPLICATION

13. Degree/diploma for which candidate proposes to study (tick as appropriate)
MPhil..... PHD..... Other....., if so, please specify

14. (a) Department of study

(b) Institution in the College of Health Sciences.....

15. Provide a brief outline of proposed research

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16. Signature of Applicant..... Date.....

17. Comment by Head of Department

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Signature of Head of Department Date.....

18. Comment by Dean/Director of School/Institute of the College.

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Signature of Dean/Director.....Date.....

FOR OFFICE USE ONLY

Date of receipt of application.....

Check list

Application form completed fully

Completed Curriculum Vitae

Academic Transcript received

Receipt of at least 2 Academic references

Letter of Admission

Letter of Release from employers (if working)