

Instructions for Online Application Form

1. Application for Admission

A. Complete and sign the application as an indication of your agreement with the vision, mission and philosophy, rules and regulations of Maranatha University College and your wholehearted willingness to be governed by our social, educational, and devotional standards. These standards are summarized in the current catalogue. Please make sure that you are aware of these before signing the application.

B. Enclose the application fee of GH ₵40.00. Enclose a Banker's Draft payable to Maranatha University College. Please be sure your name as appears on the application form is indicated on the Banker's Draft. Do not send cash. This fee is not refundable. ***Application Forms without the Banker's Draft will not be processed.***

2. Honour Code for Students

Please read and sign the Honour Code for students. In doing so, you indicate your agreement and support of the code of ethics of Maranatha University college.

3. Autobiographical Sketch (for the School of Theology and Ministry Students only)

It is our aim to get to know you as well as possible through this part of the application process. With this in mind, we hope that you will find an opportunity for further self-expression in responding to the questions candidly. All students at MUC are expected to maintain the highest standards of integrity. Therefore, we require that your autobiographical sketch be your own work. Please sufficiently answer the questions so the Admissions Committee can make a fair evaluation. Essays should be clear, concise, and complete. Please type or write legibly all information.

4. References (for the School of Theology and Ministry Students only)

Complete the top part of each form. Please make sure to write your name on the forms before distributing them. Please be sure to provide an envelope for your referents with your name and address already printed on them. Referents should return their letters to you sealed and signed over the opening of the envelopes you have provided for them. You will then submit the references with your application. Please do not break seals of envelopes. Or attempt to open them.

A. Pastor: If your church is without a pastor, or your pastor is a relative, this form may be given to a former pastor, a minister friend, or a church official. It must be someone who has known you for at least one year and has had the opportunity to observe your spiritual life. The individual cannot be a relative.

B. Christian friends: These two references should be filled out by mature Christian adults (one male and one female) who have known you **at least one year** and who are not relatives of yours.

5. Academic Reference

Complete the top part of the form and give to your high school/college advisor, principal, headmaster or home school parent. Please be sure to provide an envelope for your referents with your name and address already printed on them. This form should be completed if you are currently in Senior Secondary School or High School. The Reference Form should be returned to you in a sealed envelope.

6. Transcripts

Request official transcripts from **all schools attended** to be sent directly to the Admissions Office MUC. If you prefer to send the transcripts along with all other application materials, please make sure that they are in sealed envelopes. All transcripts are required and must be in the Admissions Office by the application deadline. Transfer candidates must submit both high school or Senior Secondary School and college transcripts if a bachelor's degree has not been obtained. International students must have all documents and records translated into English.

MARANATHA UNIVERSITY COLLEGE

Accredited by the National Accreditation Board (NAB) and
Affiliated to the University of Cape Coast (UCC)

PLEASE ATTACH
A PASSPORT SIZE
PHOTOGRAPH
HERE

APPLICATION FORM FOR ADMISSION

[PLEASE PRINT ALL ANSWERS VERY CAREFULLY]

A. APPLICANT

Dr., Rev., Mr., Mrs., Miss: _____
Surname

First Name: _____

Middle Name(s): _____

Former Name (If applicable): _____

Date of Birth: _____ 6. Age: _____ 7. Nationality: _____
day /month/year

8. Place of Birth (Town,): _____ 9. Region, _____ 10. Country _____

11. Religious Denomination (if any) _____

B. APPLICANT'S ADDRESS

1. Mailing Address: _____

2. Tel. No.: _____ E-mail. _____

C. PARTICULARS OF PARENT/ GUARDIAN/ NEXT OF KIN

1. Name: _____

2. Address _____

FOR OFFICIAL USE ONLY

Date:..... Application No.....

Amount: (words) ₤.....

Cash/ Bank draft..... Signature of Bursar:

-

3. Occupation _____

4. Tel. No.: _____ E-mail _____

6. Relationship to the Applicant: _____

3. WORK EXPERIENCE (If any)

List all employments held and work done. Include working with your own family such as farming and any self-employment such as trading. Please account for all years since you left school.

EMPLOYER	ADDRESS	POSITION HELD	PERIOD OF EMPLOYMENT	
			From	To

4. CHOICE OF PROGRAMME (*Check one*)

Maranatha Business School

4 Year Bachelor of Science in Business Administration; B.Sc. (Admin) with Options in

- Accounting
- Marketing
- General Management
- Banking & Finance
- Human Resource Management

Maranatha Department of Guidance & Counselling

4Year Bachelor of Arts in Guidance & Counselling

Maranatha Theology & Ministry School

4 Year Bachelor of Arts (Theology)

2 Year Post Diploma Bachelor of Arts (Theology)

Areas of Specialisation

1. Pastoral Ministry
2. Evangelism-Missions
3. Christian Education in the Church
4. Educational Administration (Basic & Secondary School)
5. Institutional Chaplaincy and
6. Guidance and Counselling.

Unaccredited Programmes

- Three Year Diploma in Ministry One Year Diploma in HCD
 Two Year General Certificate in Ministry One Year Certificate in HCD
 One Year Basic Certificate in Ministry

	Kindly indicate here your preference for the TIME of lectures or School (on a scale of 1 to 4; 1 for most preferred and 4 for least preferred). MUC reserves the right to cancel any School if the enrolment is below expectation.		Rank your Preferences in this column
A	Morning School (Lectures)	Monday to Friday: 8:00 a.m. to 2:30 p.m.	
B	Evening School (Lectures)	Monday to Friday: 5:30 p.m. to 8:10 p.m. & Modular Courses for Prerequisite Courses	
C	Week End School (Lectures)	Friday: 5:30 p.m. to 8:10 p.m. & Saturday: 8:00 p.m. to 8:10 p.m. & Modular Courses for Prerequisite Courses	
D	Modular Courses Jan, Jun, Jul, Aug	Monday - Friday 8:00 a.m. -9:00 p.m. (3 Courses) Monday - Friday 8:00 a.m. - 5:00 p.m. (2 Courses)	

5. Details of academic background, schools attended and diploma or degree obtained.

SSS GCE -'O' LEVELS GCE 'A' LEVELS

Particulars	1 st Sitting	2 nd Sitting	-- Sitting
Name of Institution			
Month & Year			
Exam Index No.			
Center of Exam			
Type of Exam/ Board			

Title of subjects

Examination Results (Grade)

Core Subjects	1 st Sitting	2 nd Sitting	-- Sitting
1. English			
2. Mathematics			
3. Integrated Science			
4. Social Studies			
Electives			
1.			

2.			
3.			
4.			

Other Qualification(s) Diploma Degree(s)

Particulars	1 st Sitting	2 nd Sitting	-- Sitting
Name of Institution			
Month & Year			
Exam Index No.			
Center of Exam			
Type of Exam/ Board			

SUBJECTS	1 st Sitting	2 nd Sitting	-- Sitting
1.			
2.			
3.			
4.			
5.			

6. OTHER REQUIREMENTS

- a. Will you require residential accommodation? Yes No
- b. Languages spoken. _____
- c. Do you use tobacco? _____ Alcoholic drinks? _____ Other drugs? _____

d. If you have ever been refused admittance to any University, Bible School or been dismissed from ANY school, please state when, where and why if necessary on a separate sheet of paper and attach it to this form. _____

e. PLEASE READ THE FOLLOWING CAREFULLY AND SIGN IF YOU AGREE:

- a. "I have answered everything honestly in this application. If accepted I will abide by all rules and regulations of the College and co-operate in advancing the Christian testimony of MUC.
- b. I understand all the following conditions:
 - i. I may be disciplined or dismissed whenever the administration decides it would be in my interest and the interest of the school.
 - ii. All letters of reference must remain confidential, and that I will not normally see them.
 - iii. The school is never under any obligation to provide for any of my needs or to Give me employment or to seek employment for me during or after my training.
 - iv. The school assumes no financial or other responsibility for any accident or illness I incur at anytime."

Signature: Name (Capitals)..... Date signed:

Please mail your completed application forms form with the under listed documents
Testimony and Ministry account (Theology & Ministry applicant), Notarized Photostat copies of result slip(s), certificate(s) Diploma(s) Degree(s) etc., 2 Passport size photographs Statement of sponsorship (With proofs like Bank statements) to:

THE DIRECTOR OF ADMISSIONS,
MARANATHA UNIVERSITY COLLEGE,
P. O. BOX AN 10320 ACCRA-NORTH, GHANA

DECLARATION BY APPLICANT

I hereby declare that the information provided by me is true and correct, and that I would be denied admission, and /or withdrawn from the University if the information is found to be false.

- 1. Signature of Applicant: Date:
- 2. Name of Corroborator:
- 3. Address of Corroborator:
.....4. Tel. No.
- 5. Signature of Corroborator: Date:

FOR OFFICE USE ONLY

Date received: _____ File number: _____

Signature of receiving officer: _____

MARANATHA UNIVERSITY COLLEGE
SPONSORSHIP FORM

All applicants seeking admissions to Maranatha University College must complete this form. Students are to certify that they have sufficient funds for their expenses when admitted to Maranatha. In view of this the student must show evidence of funds for the first year fees and continued support for subsequent years. Your application will **NOT** be processed if you fail to produce such evidence.

STUDENT INFORMATION:

1. Student's name: (as on passport or birth certificate or previous certificates)

Surname or last name	First name	Middle name
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2. Mailing Address: _____

3. Nationality: _____; Country of Residence: _____; Date of Birth: _____

4. I am applying as: Resident Student Non-Resident Student

5. Programme you are seeking admission for: _____

6. Year you plan to enrol: August _____

UNDERTAKING BY SPONSOR

NAME OF STUDENT: _____

DATE OF BIRTH: _____

PROGRAMME OF CHOICE: _____

SPONSOR ADDRESS : _____

RELATIONSHIP TO STUDENT: _____

We/ I ----- pledge to pay the full fees for the entire duration of the programme and that if we/I should default at any time, the University reserves the right to withdraw the student from the programme.

Name of Sponsor: -----

Signature of Sponsor: ----- Date: -----

Name of Witness: ----- Date: -----

Address of Witness: ----- Tel. No.: -----

Signature of Witness: ----- Date: -----

Return this form to: The Director of Admissions
Maranatha University College
Post Office Box AN 10320, Accra-North, Accra. Ghana. EMAIL: admin@muc.edu.gh
PHONE: 02-417580-1 / 417604; 0244848363, 0244619088, 0285011720, 0242636991.

NOTE OF CONCERN: THIS SPONSORSHIP FORM IS NOT VALID WITHOUT THE SIGNATURES AND DOCUMENTATION OF EVIDENCE OF FUNDS FROM YOURSELF (IF SELF-SPONSORSHIP) OR YOUR SPONSORS!

PURSUING EXCELLENCE IN INNOVATIVE TERTIARY EDUCATION WITH A CHRISTIAN WORLDVIEW.

SOURCE OF SUPPORT IN CEDIS FOR NATIONALS (DOLLARS FOR INTERNATIONALS)	FIRST YEAR	SECOND YEAR	THIRD YEAR	FOURTH YEAR
<p>1. PERSONAL and/or FAMILY SUPPORT</p> <p>Name of banks: _____ _____ _____</p> <p><i>Note:</i> You must attach a current bank statement in support of the amount pledged.</p>				
<p>2. PARENTS AND/OR SPONSORS</p> <p>Print name of each person: _____ _____ _____</p> <p><i>Note:</i> Each person/sponsor must sign below and you must attach their current bank statement in support of the amount pledged.</p>				
<p>3. CHURCH and/or CHRISTIAN ORGANIZATION</p> <p>Print the name of institution(s): _____ _____ _____</p> <p><i>Note:</i> Attach an official statement of sponsorship from the institution(s), signed by the Head of Church or Head of Christian Organization. No bank statement is required.</p>				
<p>4. OTHERS</p> <p>Please specify: _____</p> <p>_____ Note: Enclose signed affidavit of support from each person and attach a bank statement where applicable.</p>				
<p>TOTAL (The sum should be sufficient to cover your educational cost for each year).</p>				

IMPORTANT NOTE: All fees (tuition, rent, utilities, etc) are due on the day of registration:

TOTAL COST OF EDUCATION FOR FIRST YEAR: _____

This is to certify that I have available for the first year of my study in Maranatha University College the amount of ₪ _____ Or \$ _____ (including funds for all dependants), and for subsequent years the total amount of ₪ _____ or \$ _____ I certify that the above information is correct.

Student's Signature: _____ Date: _____

MEDICAL EXAMINER'S REPORT

1. FULL NAME		2. DATE OF BIRTH	3. MARRIAGE STATUS _____Single _____Married (If married give date)		
4. RESIDENCE		5. OCCUPATION			
6. PAST ILLNESS Have you ever had, or been told you had:		Y/N	7. HEALTH OF YOUR FAMILY		
			IF LIVING		IF DECEASED
a. Fits, nervous breakdown, overwork or any nervous or mental disorder? Anaemia?			Age	Health	Age at death
b. Blood-spitting, pleurisy, tuberculosis or any lung disorders?		Father			
c. Ulcer, intestinal or biliary or any other abdominal disorder?		Mother			
d. Kidney stone, colic, bladder trouble, or any other genito-urinary disorder?		Brothers			
e. Rheumatism, heart disease, goitre, apoplexy or high blood pressure, sickle cell disease?		Sisters			
f. Albumen, blood, or sugar in the urine?		Has any member of your family had:			Yes / No
g. Varicose veins, hernia, deformity, or any other ailment?		a. Any heart ailment?			
h. Injury in any kind of accident?		b. Nervous or mental disease?			
i. Yaws, leprosy, syphilis, or malaria?		c. Tuberculosis?			
IF YOU ANSWER "YES" TO ANY SECTION OF QUESTION 6, GIVE DETAILS					
Disease or injury	Date	Duration	Results	Doctor or Clinic Name	
9. Have you ever resided in any mining area in West Africa? If so, where and for how long?			10. In the case of a woman: a. How many pregnancies have you had? _____ b. Are you pregnant? ___Y ___N c. Give years of birth of any children you have had.		
I declare that the foregoing answers are true, and that I have not withheld any information.					
Date _____signature _____witness_____					
* THE MEDICAL EXAMINER SHOULD SEE THE APPLICANT SIGN THIS FORM AND THEN PROCEED WITH HIS EXAMINATION AND MAKE HIS REPORT OVERLEAF.					

