NAME:		
Surname	First	Middle
EMAIL ADDRESS:		



Ashesi University College

Application for Undergraduate Admission 2014/2015 Academic Year

Write your name on the back of your passport picture and staple it here.

APPLICATION CHECK LIST

After completing your application, use the following checklist to ensure that your application is complete. Please note that you will not be considered for admission if you submit an incomplete application.

When submitting your completed application, make sure it contains all of the following. Put a check in the box next to the listed item only if you have included it in your submission packet:

☐ Completed AND signed Application Form
$\hfill \square$ Official result slips of the final examinations you have completed
☐ Transcripts for all terms completed in High School
☐ Typed admissions essay
$\ \square$ 1 Passport photograph with your name written on the back
☐ Completed AND signed Scholarship Application Form (if applicable)

PLEASE NOTE:

Complete a Scholarship Application Form *only if you need a scholarship*. The form is FREE. The scholarship form is only valid if submitted with the general application form.

PLEASE RETURN THIS APPLICATION:

By Postal Mail:By Email:In-Person:Admissions OfficeScan and email applications withAshesi UniversityAshesi Universityall supporting documents to:1 University Avenue,PMB CT3, Cantonmentsadmissions@ashesi.edu.ghBerekuso, E/R, GhanaAccra, Ghana.

For questions on the status of your submitted application, contact us at:

Fixed Phone: +223 302 610 330

Mobile: +223 204 374 374, +233 501 318 961

Email: admissions@ashesi.edu.gh

PERSONAL INFORMATION

DATE OF BIRTH:		☐ MALE	FEMALE		
Day/Month/Year					
COUNTRY OF CITIZENSHIP:					
1. PASSPORT NUMBER:	EX	XPIRY DATE:			
2. PASSPORT NUMBER:	F	XPIRY DATE:	Day/Month/Year		
Z.TASSI GRI NOMBER.		MINI DAIL.	Day/Month/Year		
WHERE DO YOU YOU LIVE?					
PHYSICAL/STREET ADDRESS:					
City	State/Region		Country		
POSTAL ADDRESS:					
PHONE NUMBER(S):					
Primary		Alter	native		
☐ I LIVE WITH MY PARENT(S)/GUARDIAN(S)	☐ I LIVE BY MYSELF				
☐ I LIVE IN AN ORPHANAGE					
NAME OF ORPHANAGE:					
CONTACT PERSON:					
PHONE OF CONTACT PERSON:					
EMAIL ADDRESS:					
DESIRED MAJOR: COMPUTER SCIENCE MANAGEMENT INF	e Cormation systems	☐ BUSINESS	ADMINISTRATION		
Have you ever applied to Ashesi? □ NO	☐YES (indicate year	r)			
SCHOLARSHIPS					
Scholarships are awarded on the basis of de					
cannot provide assistance to all applicants. It is therefore very important that you do not request more assistance than you need. You cannot apply for a scholarship after you have been admitted. Ashesi cannot					
assistance than you need. You cannot apply guarantee that all applicants applying for so	•	•			
,	•		•		
Do you intend to apply for financial assistan	ice from Asnesi? LN	O ∐YES (con	nplete Scholarship Form)		
HOUSING INFORMATION					
Would you like to live in on-campus housing	g at Ashesi?	IO			
Please Note: Ashesi cannot guarantee that	every admitted studer	nt will receive ac	commodation in the		

university Residence Halls. In the event that we cannot offer you on-campus housing, we will refer you to third-party housing facilities near campus.

FAMILY INFORMATION

Please provide the following information on your parent(s) or legal guardians(s).

NAME:		NAME:			
Surname First	Middle Initial	Surname	First	Middle Initial	
Is he/she alive? ☐ YES ☐ NO		Is he/she alive?	☐ YES ☐ NO		
RELATIONSHIP TO YOU:		RELATIONSHIP TO	YOU:		
LEVEL OF EDUCATION:	LEVEL OF EDUCA	ΓΙΟΝ:			
PHONE:		PHONE:			
EMPLOYER:		EMPLOYER:			
JOB TITLE: Be specific. Please do not write b				e businessman/woman	
be specific. I lease do not write o	asinessinan, woman	<i>Бе зресп</i>	ic. I lease ao not write	e ousinessman, woman	
Have any of your siblings gained ad In the box below, please fill out the		•		o Ashesi.	
Full Name	How	are you related	Year of adı	mission to Ashesi	
SPONSOR INFORMATION (Only for applicant.	s being sponsored by	an organisation,)	
NAME OF ORGANISATION:					
CONTACT PERSON:					
Full name of co	ontact person				
Title of contact person					
Email for contact person Phone number for contact person					
DURATION OF SPONSORSHIP (YEAR	S):	AMOUNT PER \	'EAR (GHS/\$):		
Partial sponsorship recipients should covered under sponsorship(s).	fill the scholarship	application form if th	ey still cannot affo	ord the fees not	
Have you ever been dismissed or su	spended from an	academic institution	?		
□NO □YES					
Name of institution			Location (City	//Country)	

If you answered yes to the question above, explain the circumstances surrounding your dismissal or suspension in a letter addressed to the **Admissions Committee**.

ACADEMIC HISTORY

Complete the section below with your qualifications and attach official transcripts and results slips where appropriate.

List any universities (maximum of two) you have attended, most recent first:

	Most recent university		Previous university				
Name							
Private	□ NO □ YES		□ NO □ YES				
Town							
Region							
Country							
Enrollment Period	From: To:		From:	То:			
Area of Study (major)	(month, year) (month,	, year)	(month, year)	(month, year)			
Provide the name and	contact details of the registrar at	each of the	e universities listed a	bove:			
NAME:		NAME:					
ADDRESS:		ADDRESS	:				
PHONE:		PHONE:					
EMAIL:		EMAIL:					
List high schools (maxi	imum of two) you have attended,	most recer	nt first:				
	Most recent high school		Previous high scho	ool			
Name							
Private	□ NO □ YES		□ NO □ YES				
Town							
Region							
Country							
Enrollment Period	From: To:		From:	То:			
Certificate Acquired	(month, year) (month	n, year)	(month, year)	(month, year)			
What is the primary language used in your high school?							
☐ English ☐ Oth	er (please specify):						
Provide the name and contact details of the principal/counsellor at each of the high schools listed above:							
NIAME.	NAME:						
ADDRESS:			DDRESS:				
DHONE.			PHONE:				
FMAII ·		FMAII ·					

List basic schools (primary and junior high, maximum of two) you have attended, most recent first:

	Most recent basic school			Prev	Previous basic school		
Name							
Private	□ NO □ YE	:S			□N	O 🗆 YES	
Town							
Region							
Country							
Enrollment Period	From:		То:		From:		То:
EXTRACURRICUL List your hobbies, clubs					v service	helow You m	av include specific
events and/or major ac recognition if applicab	ccomplishment						•
Activity		From (month	n, year)	To (mont	h, year)		ositions held, honours licates received, etc.
TRAVEL INFORMA	g information o						
Country visited	Year vis	sted	Length	of stay	Purpos	se (e.g. visiting	g family, etc.)

WORK EXPERIENCE

List any job(s) you have held in the past three years (paid, voluntary, family and unpaid employment):

					Employment Period		
Specific nature of wor	rk Emp	oloyer	Fron	n (month, year)	To (month, year)	per week	
			•		•		
64 DEED 46DID							
CAREER ASPIRA							
What career do you	hope to pursue?						
PERSONAL ESS	AY						
Choose one of the fo	ollowing essay subj	iects, complete it ((a maximum d	of 500 words), and send alo	ng with	
your application(s).							
 How have your ex 	periences, backgro	ound, or environm	nent shaped y	our principl	es and life goal	s?	
• Imagine that you				,	•		
	f very well-qualified istics would be mo	• •			•	ce, what two	
Reflect on a time v			_		•	vou make	
the same decision	-	jed a belief of all f	idea. What piv	ompted you	to act: would ;	you make	
Recount an incide	ent or time when yo	ou experienced fa	nilure. How die	d it affect yo	u and what are	the life	
lessons you learne	∍d?						
ADDITIONAL IN	IFORMATION						
Which other univers	ities or colleges ha	ve you applied or	intend to app	oly to (local d	ınd internation	al)?	
NAME:		LOCATION:		MAJ	OR:		
					0.0		
NAME:		LOCATION:		MAJ	OR:		
NAME:		LOCATION:		MAJ	OR:		
_							
How did you hear al	out Ashesi? You ca	ın select all that ap	oply to you:				
☐ NEWSPAPER	☐ TELEVISION	RADIO	ASHESI	WEBSITE)	
☐ ASHESI PARENT	☐ TEACHER OR	COUNSELOR	☐ ASHESI STUDENT/ALUMNI				
OTHER (SPECIFY):							



By signing this application, I certify that all of the information is true to the best of my knowledge.

I also understand that this information and my university records may be reported to Ashesi funding partners and used for evaluation and other program purposes. All information will be kept in strict confidence and will not be released in any way that would permit individual identification. I authorize release and use of this information, as described above.

APPLICANT'S SIGNATURE:	DATE:
APPLICANT'S NAME:	

Ashesi University College is committed to administering all educational policies and activities without discrimination on the basis of race, color, religion, national or ethnic origin, age, handicap or gender.

Please note that any misrepresentation of information on your application will result in a rejection of your application or your dismissal from Ashesi if this is determined after you have been admitted.