



MIEZAH COLLEGE OF HEALTH



APPLICATION FOR ADMISSION

PAYMENT METHOD:

Required

PAYMENT TRANSACTION CODE:

Required

Passport

Photograph

PROGRAMME CHOICES:

Please WRITE the appropriate choice(s) for the selected programme(s) (Maximum: 3) e.g., '1st' for first choice

Choice

Programme

BSc IN NURSING

BSc IN MEDICAL DIAGNOSTIC IMAGING

DIPLOMA IN MEDICAL LABORATORY TECHNOLOGY

CERTIFICATE IN MEDICAL LABORATORY TECHNOLOGY

MIEZAH COLLEGE OF HEALTH

APPLICANT INFORMATION

Name (IN CAPITALS)			
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Last name

Middle name

First name

Names must correspond exactly with those used for all examination taken: provide legal proof of any change of name.

Date of Birth	/ /	Place of Birth:	Gender	
			M	F

D D M M Y Y Y Y

please tick

Nationality:	Home town:
Region of Home town:	Religion:

Marital Status

Single

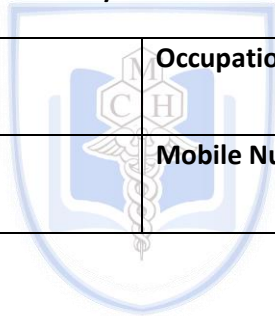
Married

Divorced

Applicant Address:		
Permanent Home Address (If different from above):		
Email Address:	Mobile Number:	WhatsApp Number:

PARENT/ GUARDIAN/ SPONSOR INFORMATION

Name:	Occupation:	
Address:	Mobile Number:	WhatsApp Number:



**MIEZAH COLLEGE
OF HEALTH
EDUCATION BACKGROUND**

School(s) Attended	Year completed	Qualifications Obtained
1.		
2.		
3.		
4.		

Examination Details

An international applicant may also apply with equivalent qualification approved by West African Examination Council and National Accreditation Board.

WASSCE/SSSCE	1 st Sitting	2 nd Sitting	3 rd Sitting	4 th Sitting
Index Number				
Year				
Month				
Core English	<i>grade</i>	<i>grade</i>	<i>grade</i>	<i>grade</i>
Core Mathematics	<i>grade</i>	<i>grade</i>	<i>grade</i>	<i>grade</i>
Core Integrated Science	<i>grade</i>	<i>grade</i>	<i>grade</i>	<i>grade</i>
Core Social Studies	<i>grade</i>	<i>grade</i>	<i>grade</i>	<i>grade</i>
<i>Elective:</i>	<i>grade</i>	<i>grade</i>	<i>grade</i>	<i>grade</i>
<i>Elective:</i>	<i>grade</i>	<i>grade</i>	<i>grade</i>	<i>grade</i>
<i>Elective:</i>	<i>grade</i>	<i>grade</i>	<i>grade</i>	<i>grade</i>
<i>Elective:</i>	<i>grade</i>	<i>grade</i>	<i>grade</i>	<i>grade</i>

Other(s): Specify Examination Body

MIEZAH COLLEGE

<i>Examination Body:</i>	1 st Sitting	2 nd Sitting	3 rd Sitting
Index Number			
Month/Year			
<i>Core:</i>	<i>grade</i>	<i>grade</i>	<i>grade</i>
<i>Core:</i>	<i>grade</i>	<i>grade</i>	<i>grade</i>
<i>Core:</i>	<i>grade</i>	<i>grade</i>	<i>grade</i>
<i>Core:</i>	<i>grade</i>	<i>grade</i>	<i>grade</i>
<i>Elective:</i>	<i>grade</i>	<i>grade</i>	<i>grade</i>
<i>Elective:</i>	<i>grade</i>	<i>grade</i>	<i>grade</i>
<i>Elective:</i>	<i>grade</i>	<i>grade</i>	<i>grade</i>
<i>Elective:</i>	<i>grade</i>	<i>grade</i>	<i>grade</i>

Programme sponsorship

Please tick the appropriate box to indicate how you would finance your Study at the College.

Self

Parent/Guardian

Other (Please Specify):

APPLICATION CHECKLIST

1. Receipt of payment of admission form and payment transaction code.
2. Certified photocopies of Result slips and Certificate(s).
3. Four recent Passport size photographs signed on the back.
4. Copy of birth certificate.



Candidates awaiting final exam results can apply for admission (admission to be confirmed after final results)

MIEZAH COLLEGE
OF HEALTH

Declaration

I _____

declare that all the particulars provided by me on this application form are genuine and reflect my true identity.

Date: ____/____/____

Signature: _____

Applicants are required to send completed forms to:

Tophill Hospital (Kronum-Cementmu, Kumasi)

Tel: [+233 32 239 8235](tel:+233322398235)/ [+233 24 370 8599](tel:+233243708599)/ [+233 24 171 4432](tel:+233241714432)

OR mail to:

The Registrar

Miezah College of Health

P.O. Box SE 1360, Suame-Kumasi

OR email to:

admissions@mch.edu.gh

Note:

- The filled form should only be sent in a **PDF** format.
- All necessary documents should be attached to the form and sent as a **single** email.
- Email **subject** should be "**ADMISSION FORM SUBMISSION**" all in CAPITALS without the "" signs.
- Admission may not be considered if applicant fails to follow these instructions.



Official Use Only

MIEZAH COLLEGE
OF HEALTH

Remarks:

Name: _____

(Registrar/ Authorized Official)

Signature: _____

Date: ____/____/____