



MIEZAH COLLEGE OF HEALTH



APPLICATION FOR ADMISSION

PAYMENT METHOD:

Required

PAYMENT TRANSACTION CODE:

Required

Passport

Photograph

Instruction:

1. Open the form on your **computer** using a PDF reader.
2. Fill in the required information.
3. Print the form and sign by hand.
4. Follow the college's submission instructions on the last page to submit the form.

PROGRAMME CHOICES:

Please SELECT the desired programme choice(s) (Maximum: 3). For example, '1st' for the first choice.

Choice

Programme

☐

B.Sc. NURSING

☐

B.Sc. DIAGNOSTIC MEDICAL IMAGING

☐

DIPLOMA IN GENERAL NURSING

☐

DIPLOMA IN MEDICAL LABORATORY SCIENCE

☐

CERTIFICATE IN MEDICAL LABORATORY SCIENCE

APPLICANT INFORMATION

Name (IN CAPITALS)			
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Last name

First name

Other names

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

Date of Birth		Place of Birth:	Gender
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e.g., 2/6/2000 for 2-Jun-2000

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

Marital Status

Single (Never married)

Married

Widowed

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:

EDUCATION BACKGROUND

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

Examination Details

An international applicant may also apply with equivalent qualifications 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	grade	grade	grade	grade
Core Mathematics	grade	grade	grade	grade
Core Integrated Science	grade	grade	grade	grade
Core Social Studies	grade	grade	grade	grade
Elective:	grade	grade	grade	grade
Elective:	grade	grade	grade	grade
Elective:	grade	grade	grade	grade
Elective:	grade	grade	grade	grade

Other(s): Specify Examination Body

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

PROGRAMME SPONSORSHIP

Please select the appropriate option to indicate how you would finance your Study at the College.

Self

Parent/Guardian

Other (Please Specify):

PROGRAMME STREAM

Please select your preferred stream of study at the College.

Regular

Weekend

APPLICATION CHECKLIST

1. Receipt of payment of admission form and payment transaction code.
2. Certified photocopies of Result slips and Certificate(s).
3. Four recently taken passport-sized photographs with the backs signed.
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: _____

e.g., 2/6/23 for 2-Jun-2023

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 scan and email to:

admissions@mch.edu.gh

Note:

- The filled and signed 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.
- Admission may not be considered if the applicant fails to follow these instructions.
- The physical form should be submitted later when you report to the college.



Official Use Only

**MIEZAH COLLEGE
OF HEALTH**

Remarks:

Name: _____

(Registrar/ Authorized Official)

Signature: _____

Date: _____

e.g., 2/6/23 for 2-Jun-2023