



MIEZAH COLLEGE OF HEALTH



APPLICATION FOR ADMISSION

PAYMENT METHOD (e.g., ONLINE, CASH, MOMO, etc):

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.

A. PERSONAL INFORMATION

Name
(in CAPITALS)

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:

e.g., 2/6/2000 for 2-Jun-2000

Place of Birth:

Gender:

Nationality:

Home town:

Religion:

Region of

Home town:

Marital Status:

Single

Married

Widowed

Divorced

Applicant Address:

Permanent Home Address (If different from above):

Mobile Number:

WhatsApp Number:

Email Address:

B. PROGRAMME INFORMATION

PROGRAMME CHOICES

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

Choice	Programme
<input type="checkbox"/>	B.Sc. DIAGNOSTIC MEDICAL IMAGING
<input type="checkbox"/>	B.Sc. NURSING
<input type="checkbox"/>	DIPLOMA IN GENERAL NURSING
<input type="checkbox"/>	DIPLOMA IN MEDICAL LABORATORY SCIENCE
<input type="checkbox"/>	CERTIFICATE IN MEDICAL LABORATORY SCIENCE

MODE OF STUDY

Please select your preferred mode of study at the College.

Regular

Weekend



C. PARENT/ GUARDIAN/ SPONSOR INFORMATION

Name:

Occupation:

Address:

Mobile Number:

WhatsApp Number:

D. EDUCATION BACKGROUND

School(s) Attended	Year Completed	Qualification(s) Obtained
1.		
2.		
3.		
4.		

E. EXAMINATION DETAILS

NB:

1. Candidates awaiting final exam results can apply for admission (admission to be confirmed after final results).
2. An international applicant may also apply with equivalent qualifications approved by West African Examination Council and Ghana Tertiary Education Commission.

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

F. PROGRAMME SPONSORSHIP

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

Self Parent/Guardian

Other (Please Specify):

G. SOURCE OF DISCOVERY

How did you first learn about Miezah College of Health?

School Counsellor Family/ Friend
 Internet search College fair/ event

Social media (specify platform)

Advertisement (specify source)

Other (please specify)



H. APPLICATION CHECKLIST

1. Receipt of payment of admission form and payment transaction code.
2. Certified photocopies of Result slip(s), Certificate(s) and/or Transcript(s).
3. Four recent passport-sized photographs with the backs signed.
4. Copy of birth certificate.

I. 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., 2/6/2023 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 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., 2/6/2024 for 2-Jun-2024