

Personal Details

University of Health and Allied Sciences

ONLINE APPLICATION FORM

2018/2019 ACADEMIC YEAR

Form Type : **WASSCE AWAITING RESULT**

Form Number : **UHAS202212856**

Surname	IVY
First Name	NARTEY
Other Name(s)	
Title	MISS
Previous Name	
Gender	FEMALE
Date of Birth	2002-04-06
Religion	CHRISTIANITY
Country of Birth	GHANA
Phone	0240699506
Email	AGGREY.EN@GMAIL.COM
Nationality	GHANA
Physically Disabled	NO
Actual Disability	
Marital Status	SINGLE



Address & Guardian Details

District	NINGO PRAMPRAM
Hometown	PRAMPRAM
Region	GREATER ACCRA REGION

House No.	PR/MO/114
Residential District	NINGO PRAMPRAM
Residential Town	AFIENYA-MOBOLE
Residential Region	GREATER ACCRA REGION

Programme and Grades

First Choice	BACHELOR OF NURSING
Second Choice	BACHELOR OF MIDWIFERY
Third Choice	BPHN
Fourth Choice	BACHELOR OF PUBLIC HEALTH (HEALTH PROMOTION)
Fee Paying	NO

Index Number	Exam Type	Subject	Grade	No. of Attempt/Level	Month	Year
0010162731	WASSCE	CHRISTIAN RELIGIOUS STUDIES (CRS)	A1	1ST	MAY/JUNE	2022
0010162731	WASSCE	CORE MATHEMATICS	A1	1ST	MAY/JUNE	2022
0010162731	WASSCE	ECONOMICS	B3	1ST	MAY/JUNE	2022
0010162731	WASSCE	ENGLISH LANGUAGE	B3	1ST	MAY/JUNE	2022
0010162731	WASSCE	GOVERNMENT	B3	1ST	MAY/JUNE	2022
0010162731	WASSCE	HISTORY	C6	1ST	MAY/JUNE	2022
0010162731	WASSCE	INTEGRATED SCIENCE	B2	1ST	MAY/JUNE	2022
0010162731	WASSCE	SOCIAL STUDIES	B2	1ST	MAY/JUNE	2022

Declaration

To be completed by the Candidate

I DECLARE that all the information given and attachments to this form are true and correct in every detail. I understand that any forgery renders me liable to prosecution.

Signature : Date : 2022-12-03 12:12:58
