

ACADEMIC CITY

APPLICATION FOR UNDERGRADUATE ADMISSION

(All fields must be completed for your application to be considered; where not applicable please state N/A)

PERSONAL INFORMATION

1. NAME:			
FIRST	MIDDLE	LA	IST
2. DATE OF BIRTH:		3. ☐ FEMALE	
DAY / MONTH	H / YEAR		
4. EMAIL ID:	5. NATIONALITY	/ :	
6. PHONE NUMBER:	7. HOME REGIO	DN:	
8. ADDRESS:			
	STREET ADDRE	ESS	
TOWN/CITY	STATE/PROVINCE/REGION	COUNT	TRY
9. ID TYPE:	10. ID NUMBER:		
1. PLEASE SELECT YOUR PROGRAM OF CHOI	CE <u>BUSINESS</u>		
 □ BSc ELECTRONICS & COMMUNICATION ENGINE □ BSc COMPUTER ENGINEERING □ BSc MECHANICAL ENGINEERING □ BSc ELECTRICAL & ELECTRONICS ENGINEERING □ BSc INDUSTRIAL AND SYSTEMS ENGINEERING □ BSc ROBOTICS ENGINEERING □ BSc BIOMEDICAL ENGINEERING 	☐ BBA BANKI ☐ BBA HUMA ☐ BBA MARKI	NG & FINANCE N RESOURCE MANAGEN ETING	ΛENT
INFORMATION TECHNOLOGY □ BSc ARTIFICIAL INTELLIGENCE □ BSc INFORMATION TECHNOLOGY □ BSc COMPUTER SCIENCE		TION ARTS LLISM & MASS COMMUN TISING & PUBLIC RELATION	
2. PLEASE LIST ADDITIONAL PROGRAMS OF I	NTEREST		
3rd CHOICE:			

ACADEMIC HISTORY

Please submit copies of your official transcripts or report cards and result slips (other language documents translated in English)
HIGH SCHOOLS ATTENDED OR ATTENDING

Qualification (e.g. A Levels/WASSCE/HND)	School/College Name	Enrolment Period From (MM/YY) - To (MM/YY)	Country

DISTINCTIONS & EXTRA-CURRICULARS

1.	List any	distinctions,	awards or	honours v	/OU	received	or	won
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Name of Award, Honour or Distinction	Name of Institution	Year Received

2. State most recent work experience

Employer Name	Your Role/Title	Employment Period	No. of hours per week
		From (MM/YY)	
		To (MM/YY)	

HOUSING

As part of the Academic City experience, a	all first-year students a	are encouraged t	o live on campus.
Would you require on-campus hostel acco	ommodation?	☐ YES	□NO

PARENT / GUARDIAN / SPONSOR DETAILS

1. ARE YOU A FIRST GENERATION UNIVERSITY STUDENT?

☐ Yes, I ai	m the first in my fa	amily to attend un	iversity.		
□ No, I ha	ove family membe	rs who have atten	ded university before	me.	
PARENTS EDU	ICATION STATUS	6/LEVEL			
2. MOTHERS E	EDUCATION LEVEL				
☐ None	☐ Junior High	☐ Senior High	☐ Undergraduate	☐ Graduate	☐ Doctorate
3. FATHERS ED	DUCATION LEVEL				
☐ None	☐ Junior High	☐ Senior High	☐ Undergraduate	☐ Graduate	☐ Doctorate

4. WHO IS RESPONSIBLE TO PAY FOR YOUR EDUCATION ☐ Guardian ☐ Myself ☐ Parent ☐ Gover			
PARENT / GUARDIAN / SPONSOR NAME:	RELATIONSHIP:		
EMAIL ID: PHO	NE NUMBER:		
CURRENT OCCUPATION:	INDUSTRY TYPE:		
☐ EMPLOYMENT JOB TITLE:	COMPANY NAME:		
ADDITIONAL INFORMATION			
1. How did you hear about us?			
☐ Academic City Website	☐ Radio; Please specify:		
☐ Social Media (Facebook, Instagram, Twitter, etc.)	☐ Billboard;		
Please specify:	Please specify Location:		
☐ Newspaper; Please specify:			
☐ Educational Fair; Please specify:	☐ Television; Please specify:		
☐ Referral; Please specify who:	☐ Agent; Please specify:		
☐ Flyer / Brochure	☐ Other		
Please specify where:	Please specify:		
2. Do you have any disability or learning difficulty that r	nay affect your learning while at Academic City		
☐ NO ☐ YES If yes, please provide a brief explana	ation:		
SHORT ESSAY RESPONSE			
Submit this short essay response with your application	(max. 400 words). Choose ONE of the following two options		
 Describe an experience from your life that dem. (OR) 	nonstrates your character or that helped shape who you are		
2. Describe a situation in your life when you faced	d a challenge and how you managed that situation		
Your essay will help us get to know you better, so pleas	e be open and honest.		

APPLICATION CHECKLIST

☐ Completed and signed Academic City application with two passport size photos signed on the back
☐ Copy of transcripts or senior high school terminal reports / final year certificate
☐ One admission essay
☐ Documents to justify equivalence of qualifications (for candidates from foreign institutions)
☐ Passport and/or non-citizen ID card copy for foreign nationals
☐ Proof of payment of application fee: 30\$ (Ghanaian Students), 30\$ (Foreign Students). Payment options below:

Bank Deposit or Transfer

Bank: Access Bank Ghana Limited

Company Name: Academic City College (Gh) Limited Ghana Cedi Account Number: 0180223309771 US Dollar Account Number: 0181013309771

Bank Address: Starlets' 91 Road, Opposite Accra Sports Stadium,

Osu, Accra, Ghana

SWIFT CODE- ABNGGHAC

MTN Mobile Money Number: +233 (0)242538304 (In Ghana only)

<u>Cash</u> at on-campus fee counter in Ghana (In Ghana only)

FOR PAYMENT IN NIGERIA ONLY

Bank Name: Union Bank, Nigeria

Account Name: Vista International Limited - Academic City

College Ghana

Naira Account Number: 0148476247 US Dollar Account Number: 0148587062

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

Mail/drop application at **the Admissions Office**, Academic City University College (OR) email to **admissions@acity.edu.gh**(P.O. Box AD 421, Adabraka, Accra)

PLEASE NOTE

- Candidates awaiting final exam results can provide all other documents to be reviewed for admission. Final exam results must be submitted as soon as released (admission to be confirmed after final results).
- English translated copies to be submitted for supporting documents (e.g. transcripts) in other languages.
- Admissions eligibility of foreign candidates will be governed by the equivalency norms set by the National Accreditation Board (NAB) and affiliating university.

DECLARATION BY APPLICANT

I hereby solemnly affirm and declare that the information provided in this form is correct and the supporting documents submitted are genuine in all respects. In case any information or document is found to have been falsified, then the same shall render the application form null and void, and shall result in automatic cancellation of my admission, and liable to disciplinary action by Academic City. I understand that my admission and continuous enrolment are governed by the statutes of Academic City. I shall abide by all rules and regulations applicable to Ghanaians / foreign nationals in Ghana.

DATE:	SIGNATURE OF APPLICANT: