



## ASHESI UNIVERSITY

### MASTERCARD SCHOLARS ADMISSIONS ACCEPTANCE FORM

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Physical / Street Address (*Do not use P.O. Box*): \_\_\_\_\_

City	State/Region/Province	Country
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Telephone No(s): \_\_\_\_\_ Email: \_\_\_\_\_

Parent / Sponsor's Telephone No: \_\_\_\_\_ Email: \_\_\_\_\_

I accept the offer of admission and financial aid extended to me by Ashesi University: \_\_\_\_\_

I decline the offer of admission and financial aid extended to me by Ashesi University: \_\_\_\_\_

(If you have declined our offer of admission, please tell us why):

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BY SIGNING THIS ACCEPTANCE FORM, I CERTIFY THAT ALL OF THE INFORMATION I HAVE SUBMITTED TO ASHESI UNIVERSITY COLLEGE IS TRUE TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND THAT THIS INFORMATION AND MY UNIVERSITY RECORDS MAY BE REPORTED TO THE MASTERCARD FOUNDATION SCHOLARS PROGRAM AND USED FOR EVALUATION AND OTHER PROGRAM PURPOSES. ALL INFORMATION WILL BE KEPT IN STRICT CONFIDENCE AND WILL NOT BE RELEASED IN ANY WAY THAT WOULD PERMIT INDIVIDUAL IDENTIFICATION. I AUTHORIZE RELEASE AND USE OF THIS INFORMATION, AS DESCRIBED ABOVE, TO THE MASTERCARD SCHOLARS PROGRAM. I ALSO UNDERSTAND THAT ANY FALSIFICATION OR MISREPRESENTATION OF THE INFORMATION PROVIDED WILL LEAD TO THE WITHDRAWAL OF MY ADMISSION TO ASHESI AND THE MASTERCARD SCHOLARS PROGRAM.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return this form to the **Admissions Office** ([acceptance@ashesi.edu.gh](mailto:acceptance@ashesi.edu.gh)), or Deliver in person to Ashesi University College, 1 University Avenue, Berekuso, E/R before the acceptance deadline stated on your offer letter.*

**Please note: Failure to return this form before the deadline will result in a forfeit of your place at Ashesi University.**