KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY

Postgraduate Online Application Form

Please Indicate Your Envelope Number At The Back Of Your EMS Envelope
SUBMIT TWO (2) COPIES OF THIS FORM
Add photocopies of all related documents, certificates & results
Keep a copy of this printout for any future enquiry.

Personal Information

Is this your passport-size photograph?

Proceed to submit your application if your answer is 'YES'.

You could be denied admission if you upload Inappropriate Passport-size photograph.

Envelope No:	**957/0063**
Applicant ID	**20849433**
Admission Group:	**Distance Learning-Postgraduates Ghanaian Applicants**
Application Type	**A-Level/Matured/Diploma/Others**
Title:	**Mr.**
Surname:	**NKETIA**
Other Names:	**GYAMFI RICHMOND**
Date of Birth:	**04 August, 1993**
Gender:	**Male**
Marital Status:	**Single**
Home Region:	**CENTRAL**
Present Occupation:	**SOFTWARE DEVELOPER**
Place of Work	**UNIVERSITY OF CAPE COAST**
Phone Number:	**+233 547268141**
Email Address:	**RNKETIA25@GMAIL.COM**
Postal Address:	**NKETIA GYAMFI RICHMOND, UNIVERSITY OF CAPE COAST, UNIVERSITY POST OFFICE, MANAGEMENT INFORMATION SECTION - UCC CAPE COAST GHANA**
Residential Address:	**P.O. BOX OF 455, ACCRA-OFANKOR**

Parental/Guardian/Next of Kin Information

Name:	**Mr. DANIEL GODFRIED ESSIEN**
Relation to Applicant:	**Uncle**
Occupation:	**RETIRED CIVIL SERVANT**
Phone Number:	**+233 242210376**
Email Address:	**DANGESSIEN@GMAIL.COM**
Address:	**ESSIEN DANIEL GODFRIED, P.O. BOX OF 455 ACCRA-OFANKOR GHANA**

Educational Background

University or College Degree Information

Institution	Degree Obtained	Degree Class	Duration
UNIVERSITY OF CAPE COAST	BSC. COMPUTER SCIENCE	Second Class (Lower Division)	August, 2014 - September, 2018

Names and Addresses of Two Academic Referees

Referee	Name	Address
1	Mr. BENTUM ERNEST	MR. ERNEST BENTUM UNIVERSITY OF CAPE COAST, MANAGEMENT INFORMATION SYSTEM (MIS) CAPE COAST – CENTRAL REGION GHANA
2	Mr. ATTIPOE ELLIOT KOJO	MR. ELLIOT KOJO ATTIPOE UNIVERSITY OF CAPE COAST, DEPARTMENT OF COMPUTER SCIENCE CAPE COAST – CENTRAL REGION GHANA

Other Educational Qualifications

Qualification	Awarding Institution	Date Awarded
BSC COMPUTER SCIENCE	UNIVERSITY OF CAPE COAST	September, 2018

Work Experience Information

Employer Name	Job Title	Employer Address	Duration
UNIVERSITY OF CAPE COAST	ICT ASSISTANT - SOFTWARE PROGRAMMER	UNIVERSITY OF CAPE COAST (MIS SECTION) CAPE COAST – CENTRAL REGION GHANA	September, 2018 - Till Date
GHANA COCOA BOARD	IT TECHNICIAN	GHANA COCOA BOARD QUALITY CONTROL COMPANY (QCC) ACCRA CENTRAL GHANA	May, 2017 - August, 2017
GHANA COCOA BOARD	IT TECHNICIAN	GHANA COCOA BOARD QUALITY CONTROL COMPANY (QCC) ACCRA CENTRAL GHANA	May, 2016 - August, 2016

University Enrollment Information

Choice of Programme: **MSC. INFORMATION TECHNOLOGY (IDL)**

Type of Programme: **Taught**

IMPORTANT

AN APPLICANT WHO MAKES A FALSE STATEMENT OR WITHHOLDS RELEVANT INFORMATION MAY BE REFUSED ADMISSION. IF HE HAS ALREADY COME INTO THE UNIVERSITY, HE WILL BE WITHDRAWN.

DECLARATION

I, **MR. NKETIA GYAMFI RICHMOND** certify that the information provided above is valid and will be held personally responsible for its authenticity and will bear any consequences for any invalid information provided

Date of Print	Applicant ID	Envelope Number	Signature of Applicant
06 Oct, 2021	20849433	957/0063	....

SCHOOL OF GRADUATE STUDIES

KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY, KUMASI

Confidential Report on an Applicant
For Admission to Graduate Studies

SECTION A: (To be completed by Applicant)

FULL NAME OF APPLICANT...

QUALIFICATION...
                        (Including Class of Degree Where Applicable)

Subject and Degree/Diploma for which application is being sought.

....

Academic Year for which application is being sought...

APPLICANTS TO NOTE:
Candidates applying for programmes offering degrees by research only **MUST**
submit (in about 500 to 700 words) the following:

        (a) An Outline of Propose Research
        (b) Statement of Purpose

Also, candidates who obtained their FIRST DEGREE outside this University or
Department for which application is being sought must submit a Transcript of
their Academic Records. The Transcript must indicate the programme for which
application is being sought.

SECTION B: (To be completed by Referee)
The above-named applicant has applied to this University for admission as a
postgraduate student and has been asked to pass this form to you as one of the
referees named in the application for your comments.

The School would appreciate a speedy response since the application would not
be considered until his/her file is complete.

How long have you known the applicant?..

In what capacity?...

Are you able to confirm the applicant's qualifications as given by him/her? YES/NO

Please comment below on the suitability or otherwise of the applicant for admission to the degree/diploma programme for which application has been sought, giving an evaluation of applicant's intellectual abilities and qualities of initiative, maturity and independence. If the candidate is taking a first degree please include a prediction of the likely results. You may also indicate the position of the applicant relative to other students in the same year.

Name...

Position...

Institution...

Signature...

Date...

PLEASE RETURN THIS REPORT TO THE

APPLICANT IN A SEALED ENVELOPE

WITH YOUR SIGNATURE ON THE

SEALED PORTION