



BIMAKS COLLEGE

OF BUSINESS AND HEALTH SCIENCES

P. O. BOX SW 834, AGONA SWEDRU, CENTRAL REGION, GHANA

TEL: +233 0332095776 / 0506535481 E-MAIL: info@bimakscollegegh.com,

WEBSITE: www.bimakscollegegh.com

ADMISSION FORM

**Affix passport size
photograph here**

Admission Form No:.....

Instructions

Applicants are required to submit:

- i. Three (3) certified true copies of all certificates and/or transcripts (if any).
- ii. Three (3) passport size photographs. One of the passport size pictures should be fixed on the admission form and the remaining two together with the completed forms be posted to the College.
- iii. A copy of ID card. (National ID, Health Insurance, Driving License, Passport, Voter ID, etc).
- iv. Two photocopies of the admission form. This will make three admission forms including the original copy.
- v. International applicants should include photocopy of the personal details page and visa page of their passport.

1. Personal Information

Mr./Mrs./			
Ms/Miss			
	<i>Surname</i>	<i>Middle Name</i>	<i>First Name</i>

Maiden Name (If applicable):			
Gender: Male [<input type="checkbox"/>] Female [<input type="checkbox"/>]	Date of birth:		
		<i>dd</i>	<i>mm</i> <i>Yyyy</i>

Nationality:	Languages spoken:
If not a Ghanaian, what is your status in Ghana?	
<ul style="list-style-type: none"> • Permanent resident of Ghana (Landed Immigrant) [<input type="checkbox"/>] • Currently on, or will require student authorization to study in Ghana [<input type="checkbox"/>] • Other specify: 	

Should you be admitted, please you must inform the Admissions Office of the expected date that you will arrive in Ghana.

2. Contact Address

Residential Address:	
City:	Region/State/Province:
Country	
E-Mail:	
Postal Address:	
Telephone:	Fax:
Hometown:	Region/State/Province:
Country:	

3. Are you a mature applicant? Yes [] No []

3.1 If Yes, indicate your age: (Note: Mature applicant should be at least 25 years. You must attach a copy of your birth certificate to the completed forms)

4. Programme of Study:

Refer to admission brochure.

Choice	Programme Code	Name of Programme
First		
Second		
Third		

Mode of Admission	Regular	Evening	Weekend	Sandwich	
Qualification	SSSCE/ WASSCE	O' / 'A' Level	HND	Mature	Other (specify)
				Awaiting Results	

Note: Refer to admission brochure for programme code and programme name.

5.0 List all academic institutions attended and the certificate awarded

Name of Institution	Location	From (Month/Year)	Certificate Awarded

5. Education and Training

5.1 Give details of your WASSCE/SSSCE

	First Sitting	Second Sitting	Third Sitting	
Index Number				
Month				
Year				
	Subjects	Grade		
		First Sitting	Second Sitting	Third Sitting
1				
2				
3				
4				
5				
6				
7				
8				

5.2 Give details of your GCE/GSCE O' Level or its equivalent

	First Sitting	Second Sitting	Third Sitting	
Index Number				
Month				
Year				
	Subjects	Grade		
		First Sitting	Second Sitting	Third Sitting
1				
2				
3				
4				
5				
6				
7				
8				

5.3 Give details of your GCE/GSCE A' Level or its equivalent

	First Sitting	Second Sitting	Third Sitting	
Index Number				
Month				
Year				
	Subjects	Grade		
		First Sitting	Second Sitting	Third Sitting
1				
2				
3				
4				
5				

5.4 Give details of your higher education (DBS, Diploma, HND)

Institution/School Attended			
Location/Address			
Programme of Study (Specialization)			
Period of Study		Award:	
Awarding institution if different from Institution attended:			

(DBS, Diploma, HND)

Institution/School Attended		
Location/Address		
Programme of Study (Specialization)		
Period of Study		Award:
Awarding institution if different from Institution attended:		

(DBS, Diploma, HND)

Institution/School Attended		
Location/Address		
Programme of Study (Specialization)		
Period of Study		Award:
Awarding institution if different from Institution attended:		

6. Employment / National Service

Name of Organisation:.....

Position held (with dates)

6.1 Bond

Are you bonded? No [] Yes []

If yes indicate name of organisation to which you are bonded

Date of Expiration of Bond.....

6.2 Previous Attendance at a University

Have you ever enrolled in a University? Yes [] No []

If yes answer the following:

Name of University.....

The name you used at the University.....

Year of Admission..... Last year of study

Programme of study.....

Hall of residence

Reason for leaving the University.....

7. Parent/Guardian

Name of Parent/Guardian:

Address:

.....

Telephone No.: E-Mail:

Relationship to Applicant:

8. Declaration by Applicant

I have answered the above questions as fully and as honestly as possible and hereby apply for entry into BIMAKS College of Business and Health Sciences. I have read and agreed to the BIMAKS College values, and wish to be considered for admission to the course chosen/indicated in this application form.

- I declare that the information supplied in this application are correct and complete.
- I acknowledge that the provision of false or misleading information may result in the cancellation of this application and/or withdrawal of any offer and/or enrolment with immediate expulsion from the University College.
- I authorize the College to verify any information provided by me.
- I authorize the College to obtain, where necessary, from any other educational institution including external examining board, evidence of my academic record or to seek other corroborating evidence with respect to my application.
- I understand that this application shall be the property of BIMAKS College

NB: *Your application may be rejected if you do not provide true and complete information in connection with your application for admission, or if you make any changes to the above declaration and authority. This application form is for entry into BIMAKS College of Business and Health Sciences only.*

Signature of applicant:.....Date:.....

Full Name of applicant:

FOR ADMISSION OFFICE ONLY

Date purchased:		
Application Number:		
Date Submitted:		
Receipt Number:		
Application Status	Admitted	Not Admitted
Remark(s)		

Either

Submit the completed admission forms to

The Registrar
BIMAKS College of Business and Health Sciences
Agona Swedru

Or

Mail to:

The Registrar
BIMAKS College of Business and Health Sciences
P. O. Box SW 834
Agona Swedru
Central Region
Ghana