

**FAMILY HEALTH MEDICAL SCHOOL  
APPLICATION FORM FOR FOREIGN STUDENTS**

**Important notice:** Candidates are required to send the completed form to:  
The Admissions Officer  
Family Health Medical School  
P.O Box TS 669  
Teshie  
Accra – Ghana

Affix passport –  
size photograph  
here

The following must be enclosed as well:

- I. Application fee of \$ 120 (non-refundable)
- II. Transcripts of Certificates from institutions formerly attended by candidate.

1. NAME:

Mr.     Mrs.     Ms.

SURNAME (LAST/FAMILY)

FIRST NAME

MIDDLE NAME

\*(NAMES MUST CORRESPOND EXACTLY WITH THOSE USED FOR ALL EXAMINATIONS  
TAKEN. PROVIDE PROOF OF ANY CHANGE IN NAME)

2. Sex:    Male                   Female

3. Date of birth:    

d	d	m	m	y	y	y	y

4. Nationality:

5. Region/country:

6. Marital Status: Married     Single

7. Number of children:

8. Religion:

9. Denomination:

10. Address to which communication in connection with this application should be sent:

Email:

Tel:

11. Permanent Address:

12. EDUCATION

Schools/Colleges and Universities attended with dates

Name of School and Location	Attendance Dates	
	From	To

13. Current home institution (if applicable):

Highest degree in progress at home institution:

Major Field:

Minor Field:

14. Provide other academic information (if any)

15. Research experience (if any)

16. Give particulars of any special experience, interests or qualifications relevant to your application:

17. Name and address of organization or person responsible for your fees etc:

**NOTE:** The School does not operate any scholarship scheme from which foreign students may benefit

18. Full name and address of last University or similar institution

19. Person(s) to contact in case of emergency

Relation to candidate:

Address:

Telephone (with area code):

E-mail:

Occupation:

**IMPORTANT: AN APPLICANT WHO WITHOLDS A FALSE STATEMENT OR WITHOLDS RELEVANT INFORMATION MAY BE REFUSED ADMISSION. IF HE/SHE HAS ALREADY COME INTO THE SCHOOL, HE/SHE MAY BE ASKED TO WITHDRAW.**

Date:

Signature:

**The declaration below must be endorsed by someone of high repute. This person should be a Senior Public Servant belonging to the learned professions (e.g. Clergyman, Lawyer, Medical Practitioner) or Headmaster/Principal of applicant's last educational institution.**

The application will be invalid if this declaration is not signed.

I certify that the photograph endorsed by me is the true likeness of the applicant Mr./Miss/Mrs. Who is personally known to me.

I have inspected his/her certificates I am satisfied that the names on them conform to those by which to the best of my knowledge, he/she is officially known to me.

Date:

Signature:

Name:

Status:

Address:

FOR OFFICIAL USE ONLY

Application Fee.....	Summary of applicant's educational qualification (s)
Cheque / M.O No.....	.....
Received and Acknowledged.....	.....
Date.....	.....
Remarks.....	.....