# UNIVERSITY OF GHANA

COLLEGE OF HEALTH SCIENCES

SCHOOL OF PHARMACY

# ELECTIVES APPLICATION FORM

1. SURNAME (Block Letters)……………………………………………………………………………………………………

1. FORENAME (Block Letters)…………….……………………………………………………………………………………

1. HOME ADDRESS………………………………………………………………………………………………………………..

1. DATE OF BIRTH …………………………........... 5. SEX ……………………………………………………………

1. NATIONALITY……………………………………………………………………………………………………………………

1. NAME & ADDRESS OF UNIVERSITY ……………………………………………………………………………………

1. NAME & ADDRESS OF SCHOOL OF PHARMACY………………………………………………………………………

1. DATE OF ADMISSION INTO SCHOOL OF PHARMACY ……………………………………………………………………

1. DATE YOU EXPECT TO COMPLETE YOUR PHARMACY COURSE AND GRADUATE: .........................

1. PRESENT YEAR OF STUDY (ie. 3rd, 4th & 5th) ……………………………………………………………………….

1. COURSES TAKEN LAST ACADEMIC YEAR WITH DATES ………………………………………………………….

………………………………………………………………………………………………………………………………………

1. COURSES CURRENTLY BEING TAKEN ……………………………………………………………………..

1. EXAMINATION(S) PASSED SO FAR ………………………………………………………………………………………..

………………………………………………………………………………………………………………………………………

1. SUBJECT(S) YOU WISH TO STUDY AT SCHOOL OF PHARMACY WITH DATES:

1ST CHOICE …………………………………………………(Dates) From…………………… To …………........Year...........

2ND CHOICE…………………………………………………

3RD CHOICE.............................................

1. PLEASE STATE WHETHER THIS ELECTIVE IS A REQUIREMENT FOR YOUR GRADUATION: ............

1. DO YOU REQUIRE AN OFFICIAL REPORT ON COMPLETION OF ELECTIVES? ...................................

1. DO YOU REQUIRE ACCOMMODATION? ………………………………………………………………………………..

3

1. HAS YOUR DEAN SENT A SUPPORTING LETTER? …………………………………………………………………..

1. LANGUAGES SPOKEN AND WRITTEN (In order of proficiency (i) ………………………… (ii) …………………………..

1. E-MAIL ADDRESS: .......................................................................................................

Please attach a passport size photograph to the Application Form

 Post picture here

THANK YOU.

SCHOOL ADMINISTRATOR