GREENFIELD UNIVERSITY COLLEGE
SCHOOL OF NURSING AND MIDWIFERY
APPLICATION FORM

BIO DATA			
Full Name: (First, Middle, Last)			
Date of Birth:	**Gender:** M ☐ F ☐	**Nationality:**	**National ID Card No/Passport No:**
Contact Information			
Email Address: **Hometown:**		**Phone Number**	**Permanent Address**
		Street Address: City: Region:	
EDUCATIONAL BACKGROUND			
Name of Senior High School:			
Years Attended:		**From**	**To**

SUBJECTS STUDIED	
JUNE	
Subject	**Grade**
NOVEMBER	
Subject	**Grade**

NB: EXAMINATION RESULTS: *Please Attach Copies of Transcripts/Certificates (Three Copies Each)*

WASSCE /ACCESS ENTRY CANDIDATES	
Program Preference *(Please select your preference)* Nursing ☐ Midwifery ☐ Public Health Nursing ☐	
DIPLOMA ENTRY CANDIDATES	
Nursing ☐ Midwifery ☐ Public Health Nursing ☐	
Additional Information	
Languages Spoken *(List)*	
Extracurricular Activities *(List)*	
Source of Funding	Self ☐ Parent/Guardian ☐ Scholarship ☐ Sponsorship ☐ Other ☐
Have you been previously admitted to any University program?	Yes ☐ No ☐ If yes, please state the name of the institution:

DECLARATION

I hereby certify that all the information provided in this application is true and accurate to the best of my knowledge. I understand that any false or misleading information may result in the rejection of my application or the revocation of my admission.

I agree to abide by the rules and regulations of the University program.

Applicant Signature.....

Date.....

Note: Please complete the application form and return it to the following Contacts:

WhatsApp: 0551999271

Email: belindaadzimah@gmail.com