



TOP UNIVERSITY COLLEGE

(NURSING, MEDICINE, TECHNOLOGY, & BUSINESS UNIVERSITY)

GES/TEU NO: 817276 & UK Accredited

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STUDY APPLICATION FORM

Reg No: _____

Student Full Name: _____

Male Female Date of Birth: _____ Valid I.D Number: _____

Student Address: _____

Last School Attended: _____ Certificate: _____

Sch. Address _____ Nationality _____ City _____

Principals Name: _____ Tel No: _____

FAMILY INFORMATION

Full Name of **Parents** or **Sponsor**: _____

Address: _____

Mobile No: _____ Email Address: _____

Occupation: _____ Nationality: _____

Guardian Tel No: _____ Student Tel No: _____

State Any Known or Chronic Diseases about you: _____

KINDLY SELECT YOUR COURSE

HEALTH & SCIENCE PROGRAMS	BUSINESS & PROFESSIONAL PROGRAMS
1. Reg, Health Assistant Clinical	1. Computer And Information Technology
2. Medical Laboratory Technology	2. Aviation And Hospitality Management
3. Certificate In Health-Care	3. Business Management / Banking
4. Certificate In Midwifery	4. Law And Paralegal Studies
5. Laboratory Technology	5. Marketing / Finance / Human Resource
6. Sonography Technician	6. Journalism, Media & Broadcasting
7. Medicine Counter Assistant	7. Energy, Oil And Gas
8. HND In Pharmacy Technology	8. Building Construction Technology
9. RGN-Diploma & BSc In Nursing (UCC)	9. Master Class For Professional Workers
10. Herbal And Chines Medicine	10. Master Class For Security Management
11. Homeopathic Medicine	11. Agricultural & Animal Husbandry
12. Naturopathic Medicine	12. Diploma In Cosmetology & Beautician
13. Complimentary Health Assistant	13. Theology / Doctor Of Philosophy
14. Alternative Medical Practitioner (DR)	14. Electrical Engineering & CCTV
15. Massage And Physiotherapy	15. Auto-Mobile Engineering
16. Master Class For Health Professionals	16. Adult Education & Management
17. Dietician and Family Health-Care	17. Professional Certification & Evaluation

Are you? Married, Single, Divorced, Widowed or others.....
 Any Criminal History About You.....
 Are You? New, Transfer or Continues Student?.....
 Work Experience If Any?.....

 Lecturing Days & Hours: Morning, Afternoon, Evening, Weekends, Distance, E-Learning Or

 Do You Need Any Assistance? NO. If Yes.....

PARENTS OR GUARDIAN DECLARATION

IConfirm that,..... who is..... personally known to me, I have inspected the passport size photographs, Valid Copy I.D and the certificates submitted by the applicant and to the best of my knowledge they are genuine

Signature.....Date.....Tel.....Occupation.....Address.....
 Email.....

The Student, I _____ hereby certify that, the information provided is true and any false information will result in dismissal even after admission

Signature of Student _____ Date _____

NOTE: All students should add two passport pictures, certificate, transcripts and their identity card when submitting this form, Adults education students should only come with their I.D Cards, the Management will help Foreign Students for studying Permit

OFFICIAL USE ONLY

Registrar Comment _____

Record of Interview or Entrance Exams: _____

Principal Signature: _____ Date: _____

We offer Students loan, hostel, job placement, study abroad, exchange programs, & foreign student application & scholarships are available, and we also train people for Continues Professional Assessment (CPD) Certificates

VISION: To train young men and women to provide high quality of service through professional Nurses, Health Workers, Business Professionals, Technology, Science & Innovations with focus on ethical and moral standards.

**Campus – Weija-Gbawe Top Base Road Box WJ 301 Accra-Ghana Tel: +233 246602030 / 0244902323
 Email:topuniversity@mail.com www.topuniversitygh.com**

**Affiliated with COTVET, UCC, GES, MOE, NVTI, TMPC-Ministry of Health.
 Degree, Masters, PhD & Post-Doctoral Degree Is Accredited By Our Foreign Universities Worldwide
 COTVET & GES-TEU ACCREDITED NO: 817276 REG-NO: CS111172020 TIN: C0046986650**



Technical Examinations Unit
 Ghana Education Service



