



TOP UNIVERSAL COLLEGE

(Nursing & Alt-Medicine, Technology & Professional University)

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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: _____

Principals Name: _____ Tel No: _____

FAMILY INFORMATION

Full Name of **Father** or Guardian: _____

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 AND SCIENCE PROGRAMS	BUSINESS & PROFESSIONAL PROGRAMS
1. Health Assistant Diploma Registered	1. Information Technology (I.C.T)
2. Health-Care Certificate (NVTI)	2. Accounting & Marketing
3. Midwifery Certificate Course	3. Purchasing, Supply & Statistics
4. Diploma In Physio & Massage Therapy	4. Awards & Event Management
5. Diploma In Laboratory Technology (ATU)	5. Banking & Finance
6. Medicine Canter Assistant (MCA)	6. Diploma In Business Law & Paralegal
7. HND In Pharmacy Technology	7. Diploma In Political Science
8. Master Class For Herbal Practitioners	8. Diploma In Human Resource Management
9. Master Class For Homeopathy Practitioners	9. Diploma In Journalism & Media Studies
10. Master Class for Naturopaths & Holistic Medicine	10. Diploma In Airhostess & Hospitality
11. Master Class For Physicians	11. Theology and Bible Studies
12. Master Class For Laboratory Practitioners	12. Energy, Oil and Gas
13. Master Class For Health Adults Education	13. Building Construction Technology
14. Master For Mental Health Worker Training	14. Master Class For Professional Workers (All Option)
15. Master Class For Nurses & Midwives	15. Master Class For Security Management
16. Diploma In Cosmetology & Beautician	16. Master Class For Agricultural & Animal husbandry
17. Degree In Registered Nursing (UCC)	17. Professional Degree & Masters (Distance / E-LNG)

PARENTS OR GUARDIAN DECLARATION

Name of the Applicant
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 or Stamp.....Status.....

Name.....Date.....Tel.....

Occupation.....Address.....

Email.....

**The Applicant, I _____ hereby certify that, the information provided
is true. 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 training 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



