

# Kings and Queens Medical University College

## Admission

Please fill in the form correctly

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### Personal Information

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#### Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Middle Name

\_\_\_\_\_

Last Name

#### Gender

Male

Female

#### Date of Birth

Month

Day

Year

#### Country

#### Permanent Address

\_\_\_\_\_

Address

\_\_\_\_\_

Address Line 2

\_\_\_\_\_

City

\_\_\_\_\_

State / Province / Region

\_\_\_\_\_

Postal / Zip Code

Country

## Current Address

---

Street Address

---

Street Address Line 2

---

City

---

State / Province / Region

---

Postal / Zip Code

---

Country

## Home phone

---

Country Code

---

Area Code

---

Phone Number

## Mobile

---

Country Code

---

Area Code

---

Phone Number

## E-mail

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## Religion

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# Academic Information

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## Level of Study you choose to pursue

## Program you choose to pursue

## Semester

September intake

March intake

## Previous University Name

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**Previous Degree Earned**

Certificate	Diploma
Bachelors	Masters

**Year (FROM)**

\_\_\_\_\_  
Month      Day      Year

**Year (TO)**

\_\_\_\_\_  
Month      Day      Year

**Previous University Name**

\_\_\_\_\_

**Previous Degree Earned**

Certificate	Diploma
Bachelors	Masters

**Year (FROM)**

\_\_\_\_\_  
Month      Day      Year

**Year (TO)**

\_\_\_\_\_  
Month      Day      Year

**Previous University Name**

\_\_\_\_\_

**Previous Degree Earned**

Certificate	Diploma
Bachelors	Masters

**Year (FROM)**

\_\_\_\_\_  
Month      Day      Year

**Year (TO)**

\_\_\_\_\_  
Month      Day      Year

Have you worked Before?

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## Sponsor's Information

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### Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Last Name

### Gender

Male

Female

### Date of Birth

\_\_\_\_\_  
Month

\_\_\_\_\_  
Day

\_\_\_\_\_  
Year

### Country

### Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address Line 2

\_\_\_\_\_  
City

\_\_\_\_\_  
State / Province / Region

\_\_\_\_\_  
Postal / Zip Code

\_\_\_\_\_  
Country

### E-mail

### Mobile

\_\_\_\_\_  
Country Code

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Phone Number

### Relationship to Sponsor

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# Attach Documents

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Admission Type

**By selecting this radio button you agree to the terms and Conditions of KQMUC and will also obey the rules and regulations of KQMUC and the laws of the Republic of Ghana.**

I Agree