#### MINISTRY OF EDUCATION

# OXFORD INSTITUTE OF BUSINESS & JOURNALISM

Kumasi-Ghana



# **ADMISSION FORM**

for FRESHER STUDENT

# PROGRAMMES:

## **FACULTY OF ARTS**

Department of Journalism
Department of Acting

## **FACULTY OF SCIENCE**

Department of Business Administration Department of Secretaryship and Information Technology

# **APPLICATION FOR ADMISSION AS A FRESHER STUDENT**

Affix passport Photograph here

Applicants are advised to read the guidance notes before completing the form. please use black ink, block capitals and tick boxes as appropriate

#### **PERSONAL DETAILS**

1.	Surname/Family Name 2. First	st Name		3.	Title (	Mr./Mrs. et	tc.)	
				1				or Office
				]				se Only
	D ( 10)	O NEC	P(	7 0		Destruction		
4.	Date of Birth 5. Sex ( M / F )	6. Natio	onality	/. P	lace of	Residence	<sup>≘</sup>    A	plic. No.
8.	Home Address	9.	Correspondend	ce Add	ress (if	different)		Date of
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		-						
	Postcode:			Postco	ode:		Ad	Imission
			Tel.:				<b>ᆜ</b> ┃ ┌─	No.
			Fax:				<b>                                    </b>	
		<u> </u>	Date when addres	ss is vali	id Fron	n: To:		
	ROGRAMME OF STUDY FOR WHICH	100 WI	SH TO APP.	<u>LT</u>				
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10	. OIBJ Faculty/Department		SH TO APP.				Certificate	etc.)
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10	. OIBJ Faculty/Department  Code Faculty/De		SH TO APP.			(Diploma, o	Certificate	etc.)
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12	OIBJ Faculty/Department  Code Faculty/De  Course area of Specialization  Proposed Starting Date  Month Year	epartment OR OFFIC	15. Name(s)	of prop	13.	Method of Full Time	Study (Time	etc.)  ck)  Distance
12	OIBJ Faculty/Department  Code Faculty/De  Course area of Specialization  Proposed Starting Date  Month Year  Formula To be Completed by Registrar with the second starting by Registrar	epartment OR OFFIC	15. Name(s)  CE USE ONLY.  DMISSION PA	of prop	13.	Method of Full Time	Study (Time (s), if know	etc.)  ck)  Distance
12	OIBJ Faculty/Department  Code Faculty/De  Course area of Specialization  Proposed Starting Date  Month Year  Formula To be Completed by Registrar with the second starting by Registrar	OR OFFICE	15. Name(s)  CE USE ONLY.  DMISSION PA	of prop	13.	Method of Full Time supervisor(	Study (Time (s), if know	etc.)  ck)  Distance

#### **EDUCATION-QUALIFICATION ALREADY OBTAINED**

16a. Detail your West African Senior Secondary School Certificate Examination (WASSCE) Result.

SCHOOL COMPLETED				AR COMP	LETED	CI	CERTIFICATE						
TITLE OF SUBJECTS	TITLE OF SUBJECTS EXAMINAT					ION RESULTS (GRADE)							
Core Subjects	1st Sitt	ing	2nd	Sitting	3rd Si	tting	g 4th Sitting						
English Language													
2. Mathematics													
3. Integrated Science													
4. Social Studies													
Elective Subjects													
1.													
2.													
3.													
4.													
DUCATION-QUALIFICATIONS b. Detail qualification yet to be aw  Name of College/University/ Awarding Body (State country if outside Ghana)		appropri End		ude profes Qual	ssional qua ification oma, BA etc	Deg	egree Title: Subject udied and Grades obtained sor far						
(ctate country if continue cinama)							and don lai						
IGUSH LANGUAGE													

### **ENGLISH LANGUAGE**

17.	Are you proficient in English Language (Tick)	Yes		No			
	If "NO" detail any work experience or education	n that	you h	nave ur	derta	aken in	English

FOR OFFICE USE ONLY. THE REGISTRAR'S COMMENT ON THE APPLICANT ACADEMIC										
1. Academically Qualified (Tick)  Yes  No  Not Yet	2. General Comment:	3. English Language Proficiency?  Yes No  No  No  No  No  No  No  No  No  No								

#### **EMPLOYMENT**

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10.	LISU	your employ	meni io a	iale. Tou illa	y iliciude a	COPY OI	Curriculum	vitae oi tilis	is more convenient

State date (Month/Year)	End date (Month/Year)	Position held and main duties

#### SUPPLEMENTARY PERSONAL STATEMENT

19.	Describe your academic interests and reasons for applying. Applicants should indicate categorically the kind of course they will wish to study.							
	Applicants should specify if they have any little experience or attended any workshop or lecturers on the course choosed to study from any of the departments.							

	FUNDING									
20.	How will you be financing your studies at OIBJ? Pleas  Personal/Family Resources  Loan	se tick one or more boxes.  Sponsorship Other (please specify								
21.	If you hold or are intending to apply for funding please  Name of Award  Value and Duration of Award	Has it been awarded? (Tick)								
22.	Please Note: Completion of this section does not constitute  AVAILABILITY FOR INTERVIEW  Where it is feasible departments interview applicants into normally required to attend but may be interviewed might not be available.	before recommending admission. Overseas applicants are								
23.	KNOWLEDGE OF OIBJ Where did you learn about OIBJ programme applied f	or? Please tick or write in one ore more boxes.								
	OIBJ Website Porospectus/Brochure OIBJ Acaden  DISABILITY / SPECIAL NEEDS	nic Staff Former OIBJ graduate Other (Please specify)								
24.		nce to OIBJ's Disability Co-ordinator. If you have a disability place, you must independently contact the Disability Co-								
0.4	REFEREES									
24.	State the details of the two people who have provided Name:	Name:								
	Position:	Position:								
	Address:	Address:								
	Tel.:	Tel.:								
	Fax:	Fax:								
	E-mail:									
	EQUAL OPPORTUNITIES POLICY  At OIBJ our principal concern when considering application is to recruit and select student who are likely to complete the programme successfully and derive benefit from it. Once these requirements are met, we regard other issues such as disability, ethnic origin, sex, marital status number of children, beliefs relation to religion, politics and sexual orientation as irrelevant.  APPLICANT'S DECLARATION  To the best my knowledge, the information provided on this application is accurate and complete. (Please note that OIBJ reserve the right to refuse admission or to terminate a student's attendance should it discovered that he/she has made a false statement or has omitted significant information. If you are offered a place, you will be required to provide evidence of your qualifications).									
	Signaturo	Data								

# REFERENCE FORM FOR A FRESHER STUDENT

ΑP	APPLICANT'S NAME:											
PR	ROGRAMME OF STUDY:											
	e above student is applying to OIAJ focess, we should be most grateful if you							ıramr	ne of	stud	y. To a	assist us in the selection
1.	(a) How long have you known the ap	oplicar	nt?			(b)	In wh	at ca	pacity	y do y	you kn	ow the applicant?
2. Please assess the applicant on a scale of 10 (highest) to 1 (lowest) in relation to the following criteria by circling the appropriate number								wing criteria by circling				
	Intellectual ability	1	2	3	4	5	6	7	8	9	10	Unable to Comment
	Motivation	1	2	3	4	5	6	7	8	9	10	Unable to Comment
	Written Comm. Skills	1	2	3	4	5	6	7	8	9	10	Unable to Comment
	Verbal Comm. Skills	1	2	3	4	5	6	7	8	9	10	Unable to Comment
	Ability to organize workload	1	2	3	4	5	6	7	8	9	10	Unable to Comment
	Originality	1	2	3	4	5	6	7	8	9	10	Unable to Comment
	Overall assessment of applicant	1	2	3	4	5	6	7	8	9	10	Unable to Comment
	4. Recommendation (Tick)  I strongly recommend this application for the above programme of study.  I do not recommend this applicant for the above programme of study.  I am unable to comment.  CONTACT DETAILS											
Na	me:		_ Si	gnatı	ıre:					_ Po	osition	;
Tel	.:	_ E-r	mail: _							_ Da	ate:	
acr	Thank you for your co-operation in completing this form. Please enclose this form in the envelope provided and sign across the seal before returning it to the applicant. Under the 1998 Date Protection Act, an applicant has the right to access any reference submitted to OIAJ.  Please tick this box if you do not wish the applicant to have access to this reference.											