MDIV AND MTH APPLICATION FORM

Instructions

Please be complete and precise when you fill out this form. Send it together with the supplementary materials to:

Regent University College of Science and Technology
For the attention of: MBA department
P.O. Box DS 1636
Dansoman
Accra
Ghana

All fields must be completed.

Use the English language only.

Please provide the following supplementary materials with the completed application form:

• Application deposit for the amount of .......... US dollars/ Euros
• Certified copies of diploma's, with certified English translation;
• Certified copies of transcript/ grade list. These transcripts have to be embossed with the issuing school's seal, with certified English translation;
• Two filled in and signed Referee Report forms, with attached two recommendation letters;
• A personal resume/ curriculum vitae in English;
• Certified statement of financial support. If your studies will be sponsored, you should submit a guarantee of financial support by the sponsor. If you are self-supporting you should submit proof of Financial Support for the amount of the tuition fee and for the living expenses during the program (bank statement).
1. Personal
Mr. Ms. Mrs.
Family name ________________________________________________________________
First name __________________________________________________________________
Middle name ________________________________________________________________
Home address (no. + street) ____________________________________________________
City________________________________ Postal code _________________________________
Country	____________________________________________________________________
Home telephone (country code, area code, number) ________________________________
Home fax (country code, area code, number) ________________________________
Mobile phone (country code, number) __________________________________________
Personal e-mail ______________________________________________________________
Date of Birth (day/ month/ year)_______________ Place of Birth _________________
Nationality _________________________________________________________________
Preferred address for further correspondence: Home address Business address

2. Emergency contact data
Person to be notified __________________________________________________________
Type of relation ______________________________________________________________
Address ______________________________________________________________________
City __________________________ Postal code ________ Country _______________________
Telephone (country code, area code, number) ________________________________
Fax (country code, area code, number) ________________________________
Mobile phone (country code, number) __________________________________________
E-mail ______________________________ _______________________________________

REGENT-GHANA
3. Educational background

Highest qualification

☐ PhD degree
☐ Master degree
☐ Bachelor degree
☐ College degree
☐ Other _________________________________

List any academic distinctions, honors or scholarships received

__________________________________________________________________________
__________________________________________________________________________

Educational history: list the most important schools/programs you attended (most recent first)

1. Educational institute/University

Start date _________________________________ finish date ________________________

Degree/diploma obtained?

☐ Yes, degree
☐ Yes, diploma
☐ No

Major/ Specialization: _________________________________________________________

2. Educational institute/University _____________________________________________

Start date _________________________________ finish date ________________________

Degree/diploma obtained?

☐ Yes, degree
☐ Yes, diploma
☐ No

Major/ Specialization: _________________________________________________________

3. Educational institute/University _____________________________________________

Start date _________________________________ finish date ________________________

Degree/diploma obtained?

☐ Yes, degree
☐ Yes, diploma
☐ No

Major/ Specialization: _________________________________________________________
4. Professional background

Current employer

Name of organization/ company ______________________________________________________

Type of organization

☐ Government
☐ Semi-government
☐ NGO
☐ Private company

Business address ____________________________________________________________

City ____________________ Postal code _______ Country _________________________

Business telephone (country code, area code, number) ____________________________

Business fax (country code, area code, number) _________________________________

Business mobile (country code, number) _______________________________________

Business E-mail _____________________________________________________________

Current position/ job __________________________ in this position since? (month/ year) __________

Description of duties and responsibilities _________________________________________

__________________________________________________________________________

Previous employers

1. Name of organization/company/church ___________________________________________

Position/job ________________________________________________________________

Start date __________________ finish date __________________

Description of duties and responsibilities _________________________________________

__________________________________________________________________________

2. Name of organization/ company _____________________________________________

Position/ job ________________________________________________________________

Start date __________________ finish date __________________

Description of duties and responsibilities _________________________________________

__________________________________________________________________________

Professional Society memberships:______________________________________________

__________________________________________________________________________

__________________________________________________________________________
5. Referee Report forms/ Recommendations
Two Referee Report forms should accompany this application, together with two letters of recommendation (on official, company letterhead) from individuals who can evaluate your professional experience and judge your likelihood of success in this program, for example your current/previous employers.

Names and positions of the persons who have submitted the Referee Report forms:

__________________________________________________________________________
__________________________________________________________________________

6. Proficiency in English
Indicate your degree of knowledge of the English language:

<table>
<thead>
<tr>
<th>Basic</th>
<th>Good</th>
<th>Excellent</th>
</tr>
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<tr>
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<td>☐</td>
<td>☐</td>
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</tbody>
</table>

Oral
Written

7. What are your professional/learning objectives for this study?
__________________________________________________________________________
__________________________________________________________________________
List your most important expectations regarding this study?
__________________________________________________________________________
__________________________________________________________________________
What other information would you like to add, that would aid the Admission Committee?
__________________________________________________________________________
__________________________________________________________________________

8. Who recommended you to this program?
__________________________________________________________________________
Please indicate how you heard about the program
☐ Relative
☐ Internet
☐ Advertisement in: ____________________

9. Statement
I hereby certify that the information given in this application form is complete and accurate to the best of my knowledge. I permit the Maastricht School of Management or its agents to use all means reasonable to verify the information I have provided in this application.
I am aware of the amount of the tuition fee and I certify that I have the means to pay for those fees.

Signature of applicant Place & Date ______________________