

**PASSPORT  
PHOTOGRAPH**

**AFRICAN UNIVERSITY COLLEGE OF COMMUNICATIONS**



**SCHOOL OF GRADUATE AND RESEARCH STUDIES**

**GRADUATE APPLICATION FORM**

**M.A JOURNALISM**

**FULL NAME:** \_\_\_\_\_

1. Surname Mr./Mrs./Miss.....

(Strike out whichever is not applicable)

2. Other Names (in full).....

3. Date of Birth.....

4. Town and Country of Birth.....

5. Home Town (giving Region/Country).....

6. Nationality.....

7. Sex.....

8. Religious Denomination (if any).....

9. Marital Status \_\_\_\_\_ No. of Children.....

10. (a) Address to which all communication with this application  
Should be sent.....

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(b) Tel. No/E-mail/Fax (if any).....

(Any change of postal address, telephone number and email address must be notified

at once to the Dean Graduate Studies, AUCC)

**11. Permanent Home Address**

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**12. Name and Address of Parent or Guardian  
(Alive or deceased)**

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**13. Relationship of Parent or Guardian to candidate.**\_\_\_\_\_

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**14. Name and Address of Next of Kin**

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**15. Relationship of Next of Kin to candidate**\_\_\_\_\_

**16. Secondary Education (indicate dates)**

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**17. Previous Universities attended with date**\_\_\_\_\_

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**18. Degree(s) obtained, giving class/division**

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**19. Other academic qualifications**\_\_\_\_\_

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20. Please state the name of the institution of which you are a member, your level of membership, the date you become a member, its expiry date \*if applicable) and your registration number \_\_\_\_\_

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21. Particulars of past and present employment

Name of Organisation	Duration		Positions held	Postal address of employer
	From	To		

22. Degree for which candidate proposes to study \_\_\_\_\_

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23. Please give a candid evaluation of yourself as a person, outlining in order of importance to you the personal characteristics you feel are your strengths and those you feel are your weaknesses \_\_\_\_\_

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24. Indicate your career objectives for the next decade \_\_\_\_\_

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25. State the scholarship you hold or expect to hold or how you would finance your study at AUCC \_\_\_\_\_

26. Attach a one page objective statement to the application.

27. English language competency

My first language is English  Another Language

Please specify \_\_\_\_\_

28. Name and Address of two referees:

(One Academic and One Professional)

(a) Name: \_\_\_\_\_

Address \_\_\_\_\_

Knowledge of applicant: \_\_\_\_\_

(b) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Knowledge of applicant: \_\_\_\_\_

**Checklist: Please make sure that you include the following:**

- . Application forms signed and dated
- . Copies of relevant qualifications certificates/transcripts
- . Application forms receipt
- . Two Reference Letters
- . Two passport photograph with white background

Completed application forms and supporting document should be sent to:

**The Registrar,  
African University College of Communications  
P.O.BOX LG 510  
Legon-Accra**

I \_\_\_\_\_ confirm that, to the best of my knowledge, the information provided in this form is factually accurate and that no requested information, or any additional information relevant to this application, has been omitted.

Signature of Applicant \_\_\_\_\_ Date, \_\_\_\_\_