



The Presbyterian University
Outspan Medical College
EMPOWERING MEDICAL PROFESSIONALS



APPLICATION FOR ADMISSION

PERSONAL DETAILS

Date.....

Surname _____ Other Names _____

Date of Birth: _____ Nationality _____

Gender: Male Female (Tick as appropriate)

Postal Address: _____ Postal Code _____ Town _____

Tel. No: Home _____ Mobile _____ Email: _____

Citizenship _____ I.D./Passport Number _____

Parent's/Guardian's Name _____

Postal Address: _____ Postal Code _____ Town _____

Home Tel: _____ Office: _____ Mobile: _____

TYPE OF ADMISSION SOUGHT (Please indicate):

Admission Status		Accommodation	
Full-Time Student	<input type="checkbox"/>	Boarder	<input type="checkbox"/>
Part-Time Student	<input type="checkbox"/>	Day Scholar	<input type="checkbox"/>

Course applied for

DECLARATION

I, _____ hereby apply for admission at The Presbyterian University Outspan Medical College and I confirm that the information provided above is correct to the best of my knowledge. I understand that the College reserves the right to deny or cancel admission if any information given in this form is proved false.

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY: DO NOT WRITE ON THIS SECTION

Date Applied:	Date Application Form Returned:
Date Application Fee Paid:	Receipt Number:
All Documents Submitted: Yes_/No_ If No, state missing documents	
Admission status	comments

****NB ; This form should returned 2 weeks before the reporting date***