



THE GREAT HEIGHTS UNIVERSITY

APPLICATION FOR ADMISSION

SECTION A: PROGRAMME APPLIED FOR

(To be completed by all applicants)

1. **Academic Year / Intake:** _____
2. **Level of Study:** Certificate Diploma Undergraduate Postgraduate
3. **Faculty / School:** _____
4. **Programme / Degree Applied For (First Choice):**

5. **Second Choice (if any):** _____
6. **Mode of Study:** Full-Time Part-Time Block / Modular Distance / Online

SECTION B: PERSONAL INFORMATION

1. **Surname:** _____
2. **First Name(s):** _____
3. **Gender:** Male Female
4. **Date of Birth (DD/MM/YYYY):** _____
5. **National ID / Passport Number:** _____
6. **Nationality:** _____
7. **Marital Status:** Single Married Other (Specify): _____
8. **Religion:** _____

SECTION C: CONTACT DETAILS

1. **Postal Address:** _____

2. **Residential Address:** _____

3. **Mobile Phone Number:** _____
4. **Email Address:** _____
5. **Emergency Contact Person:** _____
 - o Relationship: _____
 - o Phone Number: _____

SECTION D: NEXT OF KIN / PARENT / GUARDIAN INFORMATION

1. **Name:** _____
2. **Relationship to Applicant:** _____
3. **Address:** _____
4. **Phone Number:** _____
5. **Email Address:** _____

SECTION E: EDUCATIONAL BACKGROUND

(List institutions attended, starting with the most recent)

Institution	Qualification/Level	Subjects/Major	Year From	Year To

1. **Have you ever been excluded, suspended, or discontinued from any institution?**
 Yes No
o If yes, please explain: _____

SECTION F: EXAMINATION RESULTS

(Attach certified copies of all relevant certificates and transcripts)

1. **Highest Qualification Obtained:** _____
2. **Awarding Institution / Board:** _____
3. **Year Awarded:** _____

SECTION G: TECHNICAL/TERTIARY EDUCATION

YEAR	QUALIFICATION	NAME OF INSTITUTION

SECTION H: WORK EXPERIENCE

DATE				OCCUPATION	NAME & ADDRESS OF EMPLOYER
From		To			
Month	Year	Month	Year		

SECTION I: SPONSORSHIP & FINANCIAL INFORMATION

1. **How will your studies be financed?** Self Parent/Guardian Employer Scholarship Other: _____
2. **Name of Sponsor (if applicable):** _____
3. **Sponsor Contact Details:** _____

SECTION J: MEDICAL & DISABILITY INFORMATION

(This information is required to facilitate appropriate student support services)

1. **Do you have any medical condition or disability requiring special accommodation?** Yes No
2. If yes, please specify (attach medical report if applicable):

SECTION K: UNIVERSITY ACCOMMODATION

Do you require University Accommodation?

(Please tick ✓ one)

- Yes
 No

If **Yes**, please indicate your preference:

- On-campus residence
- Off-campus university-assisted accommodation (if available)

Special Accommodation Needs (if any):
(e.g. medical, disability-related, or other considerations)

Important Note:

Accommodation is limited and allocated subject to availability. Indicating a need for accommodation does not guarantee placement.

SECTION L: STAFF / STAFF DEPENDENT STATUS

Please indicate your status in relation to The Great Heights University:
(Please tick ✓ one)

- I am **not** a staff member or dependent
- I am a **staff member** of The Great Heights University
- I am a **dependent of a staff member** of The Great Heights University

If you selected **Staff Member** or **Dependent**, please complete the details below:

Name of Staff Member:

Staff Number (if applicable):

Institution / Department:

Relationship to Staff Member (if dependent):

- Child
 - Spouse
 - Other (please specify): _____
-

SECTION M: PERSONAL STATEMENT

(Briefly explain your motivation for applying to The Great Heights University and how the chosen programme aligns with your career goals. Maximum 300 words.)

SECTION N: DECLARATION BY APPLICANT

I declare that the information provided in this application is true and complete to the best of my knowledge. I understand that any false information may result in the rejection of my application or withdrawal of admission. Furthermore, I understand that The Great Heights University is owned and operated on the basis of Christian principles as espoused by the Seventh-day Adventist Church. With that understanding, I commit to abide by such values and principles.

Applicant Signature: _____ Date: _____

SECTION O: CHECKLIST (FOR APPLICANT)

Please ensure the following documents are attached:

- Completed application form
- Certified copies of academic certificates
- Certified copies of transcripts/results slips
- Certified copy of National ID / Passport
- Personal statement
- Proof of application fee payment (if applicable)

FOR OFFICIAL USE ONLY

Application Number: _____

Date Received: _____

Admission Decision: Accepted Conditional Not Accepted

Conditions (if any):

Admissions Officer Name & Signature: _____

Date: _____