KWAME NKRUMAH UNIVERSITY OF SCIENCE & TECHNOLOGY
SCHOOL OF MEDICAL SCIENCES / SCHOOL OF DENTISTRY, KUMASI, GHANA
2025/2026 ACADEMIC YEAR

INTERVIEW AND ADMISSION RECORD

(FILL IN CAPITALS)

PASSPORT SIZE PICTURE

1. a. **First name:** ……..

b. Surname: ……..

c. Other Name(s): ……

2. PERSONAL FAMILY AND SOCIAL HISTORY

a. Date of Birth: …….. Place of Birth:……..

b. Age: …… Ghana Card **OR** any other ID (***Specify***)…… ID No.:……..

c. Contact No.: ……. ……

d. Email Address:……...

e. Residential Address: ……..

……

f. Postal Address:……...

g. Number of Brothers:……. No. of Sisters……...……

h. Hobbies:……..

i. Medical and Surgical History (Serious illness, Accident Operation):

……

j. Leadership Roles (Responsibilities in School & Community: (e.g. Prefect, Captain)

……

k. Religion: ……

3. a. **SECONDARY SCHOOL ATTENDED WITH DATES FOR SSSCE/WASSCE**

……

b. SSS/WASSCE Subjects with Grades

……..	…….....
……..	…….....
……..	…….....
……..	…….....

c. Aggregate: ……

d. RESITS of SSCE/WASSCE: Subjects, Grades with DATES

…….. ……...

…….. ……...

…….. ……...

…….. ……...

4. **ARE YOU CURRENTLY ON ANY PROGRAMME IN THIS UNIVERSITY OR ANY OF THE PUBLIC UNIVERSITIES IN GHANA? (*Tick*)** YES: ……NO: …… If YES, name the University……..

5. a. **FATHER'S NAME**: ……...

   b. Contact No. ……..... Occupation:…….

   c. Residential Address: ……

   d. Postal Address: ……

6. a. **MOTHER'S NAME**: ……....

   b. Contact No. ……..... Occupation:…….

   c. Residential Address: ……

   d. Postal Address: ……

7. **IN LOCO PARENTIS (GUARDIAN, SPONSOR, NEXT OF KIN OR PERSON TO BE CONTACTED)**

   a. **Name**: ……....

   b. Contact No. ……..... Occupation:…….

   c. Residential Address: ……

   d. Postal Address: ……

8. **IN CASE OF AN EMERGENCY, WHO DO WE CONTACT?**

   a. Name: …….....

   b. Contact No.……..... Occupation:…….

   c. Residential Address: ……

   d. Postal Address: ……

9. **WOULD YOU LIKE TO BE CONSIDERED FOR FEE-PAYING ADMISSION IF YOU DO NOT GET REGULAR ADMISSION? (*Tick*)** YES: ……NO: …….....

10. **SIGNATURE OF STUDENT: …….**