**KWAME NKRUMAH UNIVERSITY OF SCIENCE & TECHNOLOGY**
**SCHOOL OF MEDICAL SCIENCES / SCHOOL OF DENTISTRY, KUMASI, GHANA**
**2026/2027 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: …….**