



ADONAI UNIVERSITY COLLEGE OF RESEARCH AND ENTREPRENEURSHIP

P. O. Box D.H 15, Ho
E:mail:info@auce.edu.gh

Tel: 0362001361
Website: www.auce.edu.gh

2024/2025 ADMISSION FORM



PERSONAL DETAILS

Title: Please tick (✓) Mr. Mrs. Miss Rev. Dr. Others: Please specify:

Last Name (BLOCK CAPITALS)

First name (BLOCK CAPITALS)

Other Name(s) (BLOCK CAPITALS)

Gender: Male Female **Date of Birth**

d	d	/	m	n	/	y	e	a	r
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Marital Status: Single Married

Hometown: **Nationality:**

Telephone No: **E:mail:**

Postal Address:

.....

Name of Guardian:

Guardian's Address:

Guardian's Telephone No:

Relationship of Guardian to Applicant:

ACADEMIC ELIGIBILITY

Previous Institution:

Entry Qualification:

Year of Award:

Attach the Original copy of your Certificate and Transcript to the Admission Form



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EMPLOYMENT DETAILS

Employer:

Position:

Employer's Address:

FUNDING

Self-financing

Scholarship

SCHOLARSHIP AVAILABILITY

There is a scholarship scheme available only to applicants from specific geographical areas. Please note that we do not offer full scholarships.

ACADEMIC PROGRAMMES OF STUDY

Please check your eligibility i.e., minimum required educational qualification for the programme you are applying for.

Please tick (✓) your choice of programme.

FACULTY OF COMMUNICATION AND INFORMATION TECHNOLOGY

a. Department of Communication Studies

1. Diploma in Journalism and Media Studies 1 Year Duration

b. Department of Information Technology

1. Diploma in Computer Science and Cyber Security 2 Years Duration

FACULTY OF BUSINESS STUDIES

a. Department of Marketing

1. Diploma in Advertising, Public Relations and Marketing 1 Year Duration

b. Department of Management

1. Diploma in Human Resource Development 1 Year Duration

c. Department of Accounting and Economics

1. Diploma in Accounting and Finance 2 Years Duration

2. Diploma in Business Studies (Banking and Finance) 1 Year Duration

3. Diploma in Enterprise and Entrepreneurship 1 Year Duration



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FACULTY OF ARTS AND ENGINEERING

a. Department of Arts

1. Certificate in Advanced Fashion 1 Year Duration
2. Certificate in Graphic Designing 1 Year Duration
3. Certificate in Cookery for the Catering Industry Part II 1 Year Duration

b. Department of Engineering

1. Electrical Engineering Technicians Part I,II,III(equivalent to HND) 2 Years Duration
2. Construction Technicians Part I,II,III (equivalent to HND) 2 Years Duration
3. Plumbing – Advanced Craft 1 Year Duration
4. Furniture Design and Construction – Advanced Craft 1 Year Duration
5. Electrical Installation Work – Advanced Craft 1 Year Duration

c. Department of Agriculture

1. Certificate II in Agricultural Mechanization Technology 1 Year Duration

SHORT COURSE

1. Business Sustainability Management 3 Months Duration

SCHOOL SESSION

Please tick (✓) your preferred option

Regular (Mondays – Fridays) Weekend (Fridays – Sundays)

ADMISSION FORM FEES AND MODE OF PAYMENT

Admission Form Fees

Certificate Programme: GHC50.00

Diploma Programme: GHC100.00

Mode of Payment

1. Please note that cash is not acceptable as a mode of payment.
2. Payment for the admission form can be made to any Cal Bank or ADB bank with the following details:

Bank 1: Bank Name: Access Bank, **Branch:** Ho, **Account Name:** Adonai University College of Research and Entrepreneurship, **Account Number:** 1035000007051

Bank 2: Bank Name: Agricultural Development Bank, **Branch:** Ho, **Account Name:** Adonai University College of Research and Entrepreneurship, **Account Number:** 5021010159861701



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3. The Pay In Slip/ Bank Receipt must be submitted to the school's account office for an official receipt. Alternatively, the Pay In Slip/ Bank Receipt can be scanned and submitted to info@aucre.edu.gh. Please note that the Admission Fee is non-refundable.

DECLARATION

I,, hereby declare that all information and documents I have provided are authentic and reflect my true records. I further declare that I will bear any consequences for any invalid information provided.

Applicant's Signature: Date:.....

Note that if the declaration proves to be false, the application shall be rejected and that if the false information is detected after admission, the student shall be dismissed.

OFFICIAL USE ONLY

Receipt No:

Date Received:

Name of Admissions Officer:

Signature:

Name of Head of Department:

HOD's Assessment & Remarks:

Signature:

STATUS OF APPLICATION

Accepted Rejected

Registrar: *(stamp & signature)*