

**UNIVERSITY OF GHANA MEDICAL SCHOOL (UGMS)
COLLEGE OF HEALTH SCIENCES
ADMISSION INTO THE PRACTICE PROFICIENCY MEDICAL PROGRAMME
(PPMP) 2022/2023 ACADEMIC YEAR**

APPLICANT REGISTRATION FORM

Surname:.....

Other Names:.....

Date of Birth:..... Nationality:..... Sex:.....

Student Permanent Address:.....

Tel No:..... Email Address:.....

Name of Parent/Guardian:.....Tel No:.....

Name of University:.....

Programme Specialization:.....

Degree Awarded:.....

Year Started:..... Year of completion:.....

Country of Study.....

(Please tick) **Category A:** All modules **Category B:** Selected Modules

Please Specify selected module(s) :.....

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Kindly attach the following:

1. Copy of Certificate
2. Copy of Academic Transcripts
3. Letter from Medical and Dental Council (eligibility for Licensure examination)
4. Any other relevant document

Student's Signature..... Date:.....