

WISCONSIN INTERNATIONAL UNIVERSITY COLLEGE, GHANA

APPLICATION FOR AMNESTY RE-REGISTRATION TO COMPLETE GRADUATE PROGRAMME

INSTRUCTIONS TO APPLICANTS:

This form is for former graduate students of WIUC-Ghana who were unable to complete their programmes and have been granted Amnesty by the mentoring university. Kindly complete all sections and attach the required documents. Incomplete forms will not be processed.

SECTION A: PERSONAL INFORMATION

1. **Full Name (as previously registered):**.....
2. **Student ID Number (if known):**.....
3. **Gender:** ☐ Male ☐ Female
4. **Nationality:** _____
5. **Contact Information**
 - **Phone Number (s):** _____
 - **Email Address:** _____
 - **Current Address:** _____

SECTION B: ACADEMIC INFORMATION

7. **Graduate Programme Enrolled (UG Affiliate Programmes: MBA Option, MSc ESM):**
8. **Year of Admission:** _____ **Last Academic Year Attended:** _____
9. **Reason for Incomplete Programme (Brief Explanation):**
.....
.....

SECTION C: OUTSTANDING REQUIREMENTS

10. **Outstanding Courses (List all courses you are yet to complete):**

	<u>Course Title/Name</u>	<u>Course Code</u>
(i)		
(ii)		
(iii)		

11. **Status of Dissertation/Project Work:**

- Not Started
- Partially Completed
- Other (please specify): _____

Registration Fee: GHS 1,500 per Course / US\$ 300 (or GHS Equivalent) for Dissertation/ Project Work

12. Proposed Timeline for Completion:.....

(NOTE: Amnesty expires at the end of 2026/2027 academic year)

SECTION D: DECLARATION BY APPLICANT

I, the undersigned, hereby apply for re-registration under the Amnesty granted to former graduate students of WIUC-Ghana under the mentorship of the University of Ghana. I declare that the information provided above is true and complete. I understand that re-registration does not guarantee graduation and that I must fulfil all academic and institutional requirements to be eligible for award of degree.

Signature of Applicant: _____ **Date:** ____/ ____/ ____

SECTION E: FOR OFFICIAL USE ONLY:

• **Received by:** _____ **Date:** ____/ ____/ ____

• **Application Number:** _____

Verification Outcome:

☐ Eligible for Re-registration

☐ Not Eligible (State reason):

Reviewed by Academic Affairs: _____
Name: Signature: Date:

Dean/School Approval: _____
Name: Signature: Date:

ATTACHMENTS REQUIRED (Tick when attached):

☐ Copy of Previous Transcript / Academic Record

☐ National ID / Passport Bio Page

AMOUNT PAID:

RECEIVING OFFICER: _____

Name

Signature

Date