

AFRICAN METHODIST EPISCOPAL UNIVERSITY

34 Camp Johnson Road
Monrovia, Liberia

ENTRANCE & PLACEMENT EXAMINATIONS FORM

MM DD YY

Gender: [] Male [] Female

Name: _____
LAST NAME FIRST NAME MIDDLE

Date of Birth: _____ Place of Birth: _____
MM DD YY

County of Origin: _____ Country of Origin: _____

Previous School Attended: _____
Please respond in a complete statement

School Address: _____

Are you currently attending college? Yes no

Previous Qualification: _____

Parents' name: _____

Address: _____

Cell Nos: _____ Email: _____

Major area of Concentration (tick one)

- Accounting
- Economics
- English
- Mass Communication
- Management
- Political Science
- Public Administration
- Christian Education
- Sociology
- Theology

Minor area of Concentration (tick one)

- Accounting
- Economics
- English
- Mass Communication
- Management
- Political Science
- Public Administration
- Christian Education
- Sociology
- Theology
- Social Work

DON NOT WRITE BELOW THIS LINE

Examinations Number: _____

Receipt No: _____

Bank Deposit Slip No: _____

Exams Room No: _____