Master of Health Professions Education
2020 - 2021

For Office Use Only
Student ID
Application #

AGA KHAN UNIVERSITY
Medical College
MHPE Additional Information Form

Previously Applied For Admission in MHPE

☐ Yes ☐ No

If Yes, year _____,

Profession ☐ Medicine ☐ Dentistry ☐ Nursing ☐ Allied Health
☐ Basic Scientist ☐ Any other: _____

Please place a check mark [✓] on the DED, AKU courses attended

☐ Introductory Short Course
☐ Advanced Level Course on Curriculum Development in HPE
☐ Advanced Level Course on Teaching & Learning in HPE
☐ Advanced Level Course on Assessment in HPE
☐ Advanced Level Course on Program Evaluation in HPE
☐ Advanced Level Course on Leadership in HPE
☐ Additional Required Course on Research Methodologies in HPE
☐ Additional Required Course on Issues in HPE

Please list any other Educational Courses and Workshops attended:

Academic Achievements

Honours, prizes or scholarships previously awarded to you on the basis of academic achievements. (Certificates will be verified by issuing authority)

(Attach additional sheet if necessary, mark as Attachment II)

Current Educational Responsibilities

Specific nature of work in education, designation, academic position, institution and dates, if applicable. (Certificates will be verified by issuing authority)

(Attach additional sheet if necessary, mark as Attachment IV)

Computer-related Skills

Word Processing	☐ Yes	☐ No	☐ Word	☐ Excel	☐ PowerPoint	
Data Management	☐ Yes	☐ No	☐ Access	☐ Oracle 9i	☐ Other _____	
Data Analysis	☐ Yes	☐ No	☐ SPSS	☐ NVIVO	☐ Other _____	

Please Note:

Aga Khan University reserves the right to revoke admission and registration if an application is discovered to be inaccurate or incomplete, or if supporting documents are discovered to be fraudulent. Any applicant who presents a fraudulent document in support of an application for admission may be identified to other universities and colleges.

Declaration:

The statements I have made above are true. I agree to conform to the discipline of the selection process and to accept the decision of the University concerning the evaluation of my additional form and the final selection.

_____ _____

Date Applicant's Signature