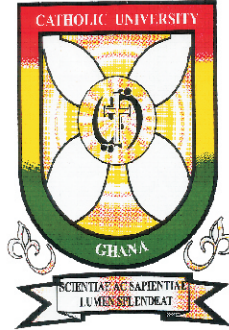


CATHOLIC UNIVERSITY COLLEGE OF GHANA, FIAPRE-SUNYANI



APPLICATION FORM

ADMISSIONS ACADEMIC YEAR UNDERGRADUATE PROGRAMME

Instructions on how to fill the Application Form

1. Applicants should exercise great care in completing the Application Form since any errors might lead to the rejection of the application form. (**Note: Any incomplete Application Forms will not be processed**).
2. An applicant is requested to complete ONLY one set of Application Form.
3. An applicant is requested to complete the Application Form in **BLOCK LETTERS** only with all the relevant information as requested except for **Part D** on **page 7**.
4. One passport size photograph of applicant with his/her name and signature at the back should be fixed at the right-top-corner of **page 2**.
5. An applicant should enclose every relevant certificates/result slips and other qualifications to facilitate the processing of the Application Form for admission.
6. An applicant to be considered for a higher placement should enclose his/her transcripts.
7. Mature Applicants should include in the Application Form copies of his/her **Birth Certificate** and **Letters of Employment** of First Appointment.
8. The University shall not be responsible for any negligence on the part of an applicant.

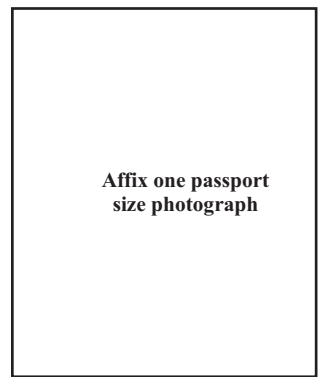
CATHOLIC UNIVERSITY COLLEGE OF GHANA, (FIAPRE)

STUDENT APPLICATION FORM FOR ADMISSION

This Form should be completed and returned to:

The Registrar
 Catholic University College of Ghana, Fiapre
 P. O. Box 363, Sunyani
 Brong-Ahafo Region
 Ghana

E-mail: cugadmin@cug.edu.gh
Website: www.cug.edu.gh
Telephone: +233-61-26751/94657/94624



Applicants should indicate by ticking the preferred Admissions **Schedule** and **Session** as specified below.

August Admissions <input type="checkbox"/> Regular <input type="checkbox"/> Night <input type="checkbox"/> Weekend <input type="checkbox"/>

January Admissions <input type="checkbox"/> Regular <input type="checkbox"/> Weekend <input type="checkbox"/>

A. Biodata: (Applicant's Names must correspond exactly with those used for all examinations taken)

1. Names

- 1.1 Surname.....
- 1.2 First Name.....
- 1.3 Middle Name(s).....

2. Date of Birth

D	D	M	M	Y	Y	Y	Y

3. Gender

Male Female

4. Nationality..... 5. Hometown.....

6. Region/State of Hometown..... 7. Religion.....

8. The Church you attend (Denomination).....

9. Diocese (If Catholic)..... 10. Place of Residence:.....

11. Region/State of Residence.....

12. Marital Status

Married Single

13. No. of Children

14. Address to which communication on this application should be sent

 14.1 Tel. No.....
 14.2 Student's E-mail Address.....
15. Permanent Home Address (if different from No.14 above).....
 15.1 Tel. No.....
16. Name and Address of Father.....

 16.1 Father's Occupation..... 16.2 Tel. No.....
17. Name and Address of Mother.....

 17.1 Mother's Occupation..... 17.2 Tel. No.....
18. Name and Address of Guardian (where applicable).....

 18.1 Guardian's Occupation..... 18.2 Tel. No.....
19. Are you physically disabled or do you suffer any form of handicap? Yes No
 19.1 If Yes, specify.....
20. Are you currently in Employment? Yes No
 20.1 If Yes, indicate the type/nature of employment.

 20.2 Name, Address and phone number of present employer.....

 20.3 Employer's E-mail address.....

B

21. Examination History:

21.1 Secondary Schools and Colleges attended (indicate dates of attendance and qualifications obtained)

Schools/Colleges	From (Month, Year)	To (Month, Year)	Qualification(s) obtained

21.2 Qualification of Applicant: W.A.S.S.C.E. S.S.S.C.E. G.C.E OTHERS
 If **Others** specify

	Name of Examination body	Certificate Obtained
A		
B		

22. Examinations details

Level	S.S.S.C.E./W.A.S.S.C.E.			G.C.E. "O" LEVEL			G.C.E. "A" LEVEL		
	First	Second	Third	First	Second	Third	First	Second	Third
Attempt									
Month									
Year									
Index No.									

23. Details of results of examinations taken as applicable. (indicate subjects and grades at all attempts)

W. A.S.S.C.E.

SUBJECTS	GRADES		
	1 st	2 nd	3 rd

S.S.S.C.E.

SUBJECTS	GRADES		
	1 st	2 nd	3 rd

G.C.E.

SUBJECT	“O” Level Grades			“A” Level Grades		
	1 st	2 nd	3 rd	1 st	2 nd	3 rd

E. Declaration

I declare that the information provided is genuine and reflects my true records. **(An applicant who makes a false declaration or withholds relevant information may be refused admission. If he/she has already come into the University, he/she may be asked to withdraw)**

.....
Date

.....
Signature of Applicant

F. Endorsement

The declarations in **E** above must be endorsed below by someone of high repute. This person should be a Parish Priest, a Senior Public Servant or belong to the learned professions (e.g. Lawyer, Medical Practitioner) or Headmaster/Principal of applicant’s last educational institution.

.....
Date

.....
Signature

.....
Name

.....
Status

.....
Address

.....

FOR OFFICIAL USE ONLY	
Application Form No.:.....	Programme offered:.....
Name of Applicant:.....	Faculty/Dept.:.....
.....	Date of Admission:.....
Date received:.....	University Sponsored
Initial of Recipient.....	Accommodation Yes <input type="checkbox"/> No <input type="checkbox"/>
Remarks.....	Full-Time Study <input type="checkbox"/>
.....	Part-Time: Night School <input type="checkbox"/> Weekend <input type="checkbox"/>