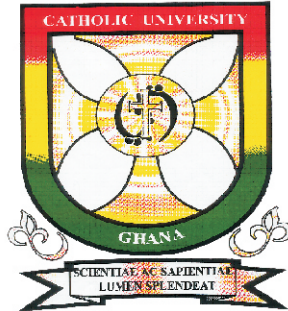


# CATHOLIC UNIVERSITY COLLEGE OF GHANA, FIAPRE-SUNYANI



## APPLICATION FORM

## GRADUATE PROGRAMME

### Instructions on how to fill the Application Form

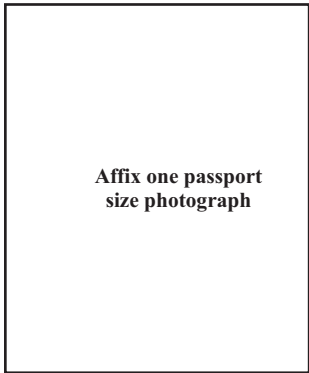
1. Applicants should exercise great care in completing the Application Form since any errors might lead to the rejection of the application form. (**Note: Any incomplete Application Forms will not be processed**).
2. An applicant is requested to complete **ONLY** one set of Application Form.
3. An applicant is requested to complete the Application Form in **BLOCK LETTERS** only with all the relevant information as requested except for items **29** and **30** on **page 4**.
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 1**.
5. An applicant should enclose every relevant certificates and other qualifications to facilitate the processing of the Application Form for admission.
6. The University shall not be responsible for any negligence on the part of an applicant.

**CATHOLIC UNIVERSITY COLLEGE OF GHANA, FIAPRE**  
**GRADUATE APPLICATION FORM FOR ADMISSION**

*This Form should be completed in black ink or typescript and returned to:*

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

**E-mail:** [cugadmin@cug.edu.gh](mailto:cugadmin@cug.edu.gh)  
**Website:** [www.cug.edu.gh](http://www.cug.edu.gh)  
**Telephone:** +233-3520-94624/94657/94658 or 0302-512208



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

- 1 **Title:** ..... (Prof./Dr./Rev./Pastor/Evangelist/Mr./Mrs./Ms.)
- 2 **Name**
  - 2.1 Surname.....
  - 2.2 First Name.....
  - 2.3 Middle Name(s).....
- 3 **Date of Birth**

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- 4 **Gender:** Male  Female
- 5 Place of Birth.....
- 6 Region of Birth .....
- 7 Hometown:.....
- 8 Region/State of Hometown.....
- 9 Nationality:.....
- 10 Religion.....
- 11 The Church you attend (Denomination).....
- 12 Diocese (If Catholic).....
- 13 Place of Residence:.....
- 14 Region/State of Residence.....
- 15 **Marital Status:** Married  Single
- 16 No. of Children

17. Address to which communication on this application should be sent to:  
.....  
17.1 Personal Tel. No.....  
17.2 Student's E-mail Address.....

18. Permanent Home Address (if different from No.17 above).....  
.....  
18.1 Tel. No.....

19. Name and Address of Guardian (**where applicable**).....  
.....  
19.1 Guardian's Occupation..... 19.2 Tel. No.....

20. Are you physically disabled or do you suffer any form of handicap? Yes  No   
20.1 If Yes, specify.....

**B. CURRENT EMPLOYMENT AND RELEVANT EXPERIENCE:**

21. 21.1 Employer's Name:.....  
21.2 Employer's Address:.....  
21.3 Employer's Tel. No. (s).....  
21.4 Employer's e-mail:.....  
21.5 Date of Employment: **From:**..... **To:**.....  
21.6 Current Position or Title:.....

22. **Briefly describe your responsibilities:**.....  
.....  
.....  
.....

**C. PROGRAMME OPTION:**

23. Religious Studies & Pastoral Ministry  Post-graduate Diploma in Education

**D. ACADEMIC/PROFESSIONAL QUALIFICATIONS:**

**24. Undergraduate Qualification:**

24.1 Name of Institution:.....

24.2 Country of the Institution:.....

24.3 Duration of Studies: **From:** Month..... Year.....

Month..... Year.....

24.4 Qualification obtained:.....

24.5 Date/Expected Date of Award: Month..... Year.....

24.6 Degree Classification (**if applicable**)/FGPA:.....

**25. Graduate Qualification:**

25.1 Name of Institution:.....

25.2 Country of the Institution:.....

25.3 Duration of Studies: **From:** Month..... Year.....

Month..... Year.....

25.4 Qualification obtained:.....

25.5 Date/Expected Date of Award: Month..... Year.....

25.6 Degree Classification (**if applicable**)/FGPA:.....

**E. PROFESSIONAL QUALIFICATION (If any):**

26. 26.1 Name of Awarding Body:.....

26.2 Qualification/Award:.....

26.3 Date/Expected Date of Award: Month..... Year.....

**F. PREVIOUS FULL-TIME EMPLOYMENT:**

27. 27.1 Employer's Name:.....
- 27.2 Address:.....  
.....
- 27.3 Tel. No. ....
- 27.4 E-mail:.....
- 27.5 Date(s) of Employment: **From:** Month..... Year.....
- 27.6 Position or Title:.....

28. **Briefly Describe your responsibilities:**

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29. **Curriculum Vitae:**  
*(Please, attach at most a two-page curriculum vitae to the Application Form)*

30. **Why the Graduate Programme?**  
*(On a separate sheet, please state your career goals and the reason for applying to the Catholic University College of Ghana, Fiapre for its Graduate Programme between 200-300 words. Please, write your name on the sheet)*