

CATHOLIC UNIVERSITY COLLEGE OF GHANA, FIAPRE



APPLICATION FORM FOR 2009/2010 UNDERGRADUATE PROGRAMME

Instructions on how to fill the application form

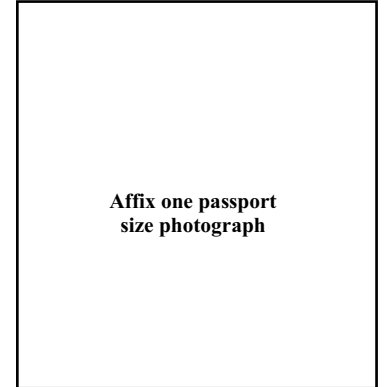
1. Applicants should exercise great care in completing the application since any errors might lead to the rejection of the application form.
2. An applicant is requested to complete ONLY one set of application forms.
3. The applicant is requested to complete the application form in BLOCK LETTERS.
4. One passport size photograph of applicant with applicant's name and signature at the back should be fixed at the right hand side, on top of the Biodata.
5. An applicant should enclose relevant certificates/result slips.
6. 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
E-mail: cugadmin@cug.edu.gh
Website: www.cug.edu.gh



A. Biodata

1. Names (in capitals)

1.1 Surname.....

1.2 First Name.....

1.3 Middle Name(s).....

(Names must correspond exactly with those used for all examinations taken)

2. Date of Birth.

D	D	M	M	Y	Y	Y	Y

3. Sex

Male Female

4. Nationality.....

5. Hometown.....

6. Region of Hometown.....

7. Religion.....

8. Denomination.....

9. Diocese (If Catholic)

10. Marital Status

Married Single

11. No. of Children

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

 12.1 Tel. No.....
 12.2 E-mail Address.....
13. Permanent Home Address (if different from 12 above).....

 13.1 Tel. No.....
14. Name and Address of Parent/Guardian.....
 14.1 Tel. No.....
15. Occupation of Parent/Guardian.....
16. Are you physically disabled or do you suffer any form of handicap? Yes No
 16.1 If yes, specify.....
17. Are you currently in Employment? Yes No
 17.1 If yes, indicate type/nature of employment.

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

 Employers E-mail address.....

B

18. Examination History:

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

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

18.2 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		

19. 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.									

20. Details of results of examinations taken. (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 reflect 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.: Name of Applicant: Date received: Initial of Recipient: Remarks:	Programme offered: Faculty/Dept.: Date of Admission: University Sponsored Accommodation Yes <input type="checkbox"/> No <input type="checkbox"/> Full-Time Study <input type="checkbox"/> Part-Time: Night School <input type="checkbox"/> Weekend <input type="checkbox"/>