Instruction on how to fill the Application Form

1. Applicant 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 Form 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 basic and relevant information as required except for items: 24 on page 2, 30 on page 4 and G on page 5.

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, transcripts 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 Application 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
Tel: +233-352-094-658
      +233-352-091-559
      +233-302-512-208
      +233-243-157-300
      +233-263-628-212

A. BIODATA: (Applicant’s Names must correspond exactly to those used for all examinations taken)

1. Title: .................................. (Rev./Pastor/Evangelist/Mr./Mrs./Ms.)

2. Names:
   2.1 Surname: .................................................................
   2.2 First Name: ...............................................................
   2.3 Middle Name(s): ......................................................

3. Date of Birth: _______________ ____________ ____________ ____________ ____________ ____________
   D D M M Y Y Y Y

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) if Christian .................................................................

12. Diocese (If Catholic or Methodist or Anglican): ..............................................................

13. Place of Residence: .............................................................................................................

14. Region/State of Residence: .................................

15. Marital Status: Married ☐ Single ☐

16. No. of Children:  

17. Passport No.: ..........................................................

18. Personal Tel./Mobile Number(s): .........................................................................................
19. Address to which communication on this application should be sent.

........................................................................................................................................................................
........................................................................................................................................................................

19.1 Tel. No(s):................................................................................................................................................

19.2 Applicant’s E-mail Address:..................................................................................................................

20. Permanent Home Address (if different from No.19 above):..........................................................................

........................................................................................................................................................................

20.1 Tel. No(s)...................................................................................................................................................

21. Name and Address of Guardian (where applicable):......................................................................................

........................................................................................................................................................................

21.1 Guardian’s Occupation:...........................................   21.2 Tel. No:...............................................

22. Are you physically disabled or do you suffer any form of handicap?   Yes □   No □

22.1 If Yes, specify........................................................................................................................................

B. CURRENT EMPLOYMENT AND RELEVANT EXPERIENCE:

23. 23.1 Employer’s Name:..............................................................................................................................

23.2 Employer’s Address:..............................................................................................................................

23.3 Employer’s Tel No(s):...........................................................................................................................

23.4 Employer’s e-mail:.................................................................................................................................

23.5 Date of Employment: **From:**...........................................   **To:**..............................................

23.6 Current Position or Title:.......................................................................................................................
C. PROGRAMMES:

25. Applicant should tick in the appropriate box to indicate his/her choice of programme of study.

i. MBA (Finance) □

ii. MBA (Accounting) □

iii. MBA (Human Resource Management) □

iv. MBA (Marketing) □

v. MA Religious Education & Pastoral Ministry (REPM) □

vi. Post-Graduate Diploma in Education (PGDE) □

D. ACADEMIC/PROFESSIONAL QUALIFICATIONS:

26. Undergraduate Qualification

26.1 Name of Institution: ................................................................................................................................

26.2 Country of the Institution: ..........................................................................................................................

26.3 Duration of Studies:  From: Month:......................... Year:.................................

                  To: Month:................................. Year:.................................

26.4 Qualification: ..........................................................................................................................................

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

26.6 Degree Classification (if applicable)/FGPA: ..........................................................................................

27. Graduate Qualification (If Any)

27.1 Name of Institution: ................................................................................................................................

27.2 Country of the Institution: ..........................................................................................................................

27.3 Duration of Studies:  From: Month:......................... Year:.................................

                  To: Month:................................. Year:.................................

27.4 Qualification and Major: ...........................................................................................................................

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

27.6 Degree Classification (if applicable)/FGPA: ..........................................................................................
E. PROFESSIONAL QUALIFICATIONS (IF ANY):
28. 28.1 Name of Awarding Body:

28.2 Qualification/Award:

28.3 Date/Expected Date of Award: Month: Year:

F. PREVIOUS FULL-TIME EMPLOYMENT:
29. 29.1 Employer’s Name:

29.2 Address:

29.3 Telephone No:

29.4 E-mail:

29.5 Dates of Employment:

From: Month: To: Year:

29.6 Position or Title:

30. Briefly Describe your responsibilities:

31. Curriculum Vitae:

(Please, attach a 1 to 2 page signed curriculum vitae to the Application Form)
G. Statement of 200-300 words
Make a short statement of (200-300 words) hand-written indicating your career goals; the reason for wishing to obtain Masters’ Degree or Post-graduate Diploma; and why you wish to study at the Catholic University College of Ghana, Fiapre.

Very Important


II) Where did you buy the Admission Application Form? .................................................................
H. REFERENCES
(Please provide the names and addresses of two references. At least one of the References should be in a position to assess your performance at your job).

<table>
<thead>
<tr>
<th></th>
<th>Reference 1</th>
<th>Reference 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
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<tr>
<td>Organisation</td>
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<td>E-mail</td>
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Please note that it is your responsibility to arrange for references to be provided. Ask your references to complete the enclosed Graduate Confidential Reference Forms and return them directly to: Registrar (Graduate Academic) CUCG, P. O. Box 363, Sunyani, B/A Region, Ghana, West Africa.

I. FURTHER INFORMATION
An applicant may submit any further information he/she considers relevant in support of his/her application.

J. DECLARATION
I declare that the information I have provided is complete and accurate, and that all statements and essays are my own work. I understand that this information will be used in the admission process and that any misrepresentation will disqualify my application for admission and enrollment in the Catholic University College of Ghana, Fiapre. (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)

I also understand that the Catholic University College of Ghana, Fiapre or its agents may verify information included in my application. I authorize all persons and entities to provide information that will serve to verify the information I have presented in my application.

.................................................        ..............................................................
Date           Signature of Applicant

FOR OFFICIAL USE ONLY

<table>
<thead>
<tr>
<th>Application Form No.</th>
<th>Programme offered:</th>
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<tbody>
<tr>
<td>Name of Applicant:</td>
<td>Faculty/Dept.:</td>
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<tr>
<td>Date received:</td>
<td>Date of Admission:</td>
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<tr>
<td>Initial of Recipient:</td>
<td>Do you want a University Sponsored Accommodation?</td>
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<td></td>
<td>Yes □</td>
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<td>No □</td>
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<tr>
<td>Schedule</td>
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<tr>
<td>i.) Full-Time Study</td>
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<td>(Regular) □</td>
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<td>ii.) Part-Time Study</td>
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<td>(Weekend) □</td>
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