

**CATHOLIC UNIVERSITY COLLEGE OF GHANA,
FIAPRE-SUNYANI.
ADMISSION FORM**

Applicants should indicate by ticking the preferred as specified here.

Undergraduate Programmes Degree <input type="checkbox"/> Diploma <input type="checkbox"/>	August Admissions <input type="checkbox"/> Regular <input type="checkbox"/> Weekend <input type="checkbox"/>	January Admissions <input type="checkbox"/> Regular <input type="checkbox"/> Weekend <input type="checkbox"/>	Sandwich <input type="checkbox"/> August Admissions <input type="checkbox"/> January Admissions <input type="checkbox"/>
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A. Biodata (Applicant details)

Applicant's name must correspond to those used for all examinations taken

Title (Mr./Mrs./Ms.) Surname:						Affix one personal passport size photograph with your name and signature at the back					
First name:											
Middle Name(s):											
Date of birth (dd/mm/yyyy)							Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>				
Place of Birth:						Region/State of Birth:					
Hometown						Region/State of Hometown:					
Nationality:				Licence (if any):		National ID No (if any):			TIN No (if any):		
If you are not a Ghanaian by birth kindly state your residential/citizenship status by ticking one or more of the following:						Passport No:					
<input type="checkbox"/> Citizen by Marriage											
<input type="checkbox"/> Citizen by Naturalization											
<input type="checkbox"/> Refugee											
<input type="checkbox"/> ECOWAS Permit											
<input type="checkbox"/> Others, Specify;						Place of Residence:					
Occupation of applicant:						Region/State of Residence:					
Note: Applicants who are refugees are required to provide evidence in writing from the Ghana Refugees Board											
Religion:						Diocese: (If Catholic or Methodist or Anglican):					
The Church you attend (Denomination) if Christian:						Marital Status: Married <input type="checkbox"/> Single <input type="checkbox"/>					
Personal Tel. / Mobile Number(s):						No. of Children:					

Address to which communication on this application should be sent:	Tel No(s):
	Applicant's E-mail Address:
Permanent Home Address (if different from above):	Tel. No.
Name and Address of Father:	Father's Occupation:
	Tel. No:
	Email:
Name and Address of Mother:	Mother's Occupation:
	Tel No:
	Email:
Name and Address of Guardian (where applicable):	Guardian's Occupation:
	Tel No:
	Email:
Are you physically disabled or do you suffer any form of handicap? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, specify	
Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, indicate the nature/type of employment.
Name, Address and Phone number of present employer:	Employer's E-mail address:
How do you intend to finance your education? <input type="checkbox"/> Self <input type="checkbox"/> Employer <input type="checkbox"/> Scholarship <input type="checkbox"/> Others, specify	
If your choice is others or scholarship, Kindly provide details:	

B. Examination History:

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

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

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

W.A.S.S.C.E/S.S.S.C.E and Others

SUBJECTS	GRADES		
	1 ST	2 ND	3 RD

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.									

Qualification of Applicant: W.A.S.S.C.E S.S.S.C.E. G.C.E. OTHERS

Other professional and certificate qualifications obtained:

	Name of Examination Body/Bodies	Certificate(s) Obtained
A		
B		
C		

C. Choice of Programme (Refer to Admission Brochure)

Indicate the order of your choice of programme

First choice

Programme	Faculty/Department

Second choice

Programme	Faculty/Department

Third choice

Programme	Faculty/Department

Are you applying as a **Mature Candidate**? Yes No

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 or she has come into the University already; he/she may be asked to withdraw**)

.....
Date

.....
Signature of Applicant

F. Endorsement

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

.....
Date

.....
Signature

.....
Name

.....
Status

.....
Address

G. Very Important

How did you hear of Catholic University College of Ghana, Fiapre?

Friends Family The Church Website
Radio Television Newspapers Self
Others, specify: _____

Where did you buy the Admission Application Form? _____

H. Referral Details by Applicant

If somebody recommended the University/Programme to you, would you kindly give the referrer's details.

Name of Referrer:

Catholic University College of Ghana (CUCG) ID of student *(if the person is a CUCG student)*:
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Application Form No.....	Programme offered:.....
Mode of Admission:	Faculty/Dept.:.....
Direct WASSCE <input type="checkbox"/>	Date of Admission:.....
Direct SSCE <input type="checkbox"/>	
Direct SSCE/WASSCE & Others <input type="checkbox"/>	
Other Certificates <input type="checkbox"/>	
Specify;	Schedule
.....	i. Full-Time Study (Regular)
Remarks:.....	ii. Part-Time Study (Weekend)
.....	