



CATHOLIC UNIVERSITY COLLEGE OF GHANA, FIAPRE

DISCOUNT APPLICATION FORM FOR STUDENTS

This form is to be used for the application for discounts by fresh students who have enrolled in the Catholic University College of Ghana, Fiapre

TYPES OF DISCOUNTS	ELIGIBILITY CRITERIA	DISCOUNT
EARLY PAYMENT DISCOUNT	Full payment of academic years fees within three (3) weeks of re-opening of School	5% OF YR. FEES
CATHOLIC	Catholics and the Lay Faithful and Dependants Discount	10% OF FEES
ALUMNI	Alumni Discount	5% OF YR. FEES

LADIES IN SCIENCE, MATHS & ICT	ELIGIBILITY CRITERIA	DISCOUNT
	All Ladies students who are reading B Sc. Computer Science or ICT	10% OF FEES
	All Ladies students who are reading B Sc. Actuarial Science	10% OF FEES

NB: Students can be apply for only one Discount

APPLICANTS FOR DISCOUNTS FOR THE LAY CATHOLIC FAITHFUL MUST ATTACH THEIR BAPTISMAL CARDS OR CONFIRMATION CARDS

SUBMISSION OF APPLICATION

Kindly submit your application to the Registrar's Office.

Attachments : All Applicants should attach evidence of full payment of fees either for the semester or for the year

Academic Year:

Commencement Date of the Current Semester:.....

Date of submission fo application by student.....

Number of Weeks since commencement of Semester:.....

Registry's Stamp and date:

Signature of Receiving Officer:

SECTION A: PERSONAL DETAILS

Student's Index Number: Address:

Student's Full Name: Phone Number:

Email Address:

SECTION B: DETAILS OF CURRENT ENROLMENT

Faculty: Student Status (Please mark (v) your current status only)

Level: i. Regular Student

Year of Admission: ii. Weekend Student (January Admissions)

iii. Weekend Student (August Admissions)

SECTION C: DETAILS OF DISCOUNT APPLICATION

You are kindly requested to tick the type of Discount you are applying for

TYPE OF DISCOUNT APPLIED

EARLY FEE PAYMENT DISCOUNT

LADIES FOR SCIENCE, MATHS AND ICT DISCOUNT

CATHOLICS AND DEPENDANTS OF THE LAY FAITHFUL/PRIESTS & RELIGIOUS

SECTION D: APPLICANT'S DECLARATION

I declare that the information supplied on this form and the information given in support of my application is correct and complete. I acknowledge that provision of incorrect or the withholding of relevant information relating to my application may render it null and void.

Signature:..... Date:.....

SECTION E: RECOMMENDATION OF A BISHOP OR PARISH PRIEST

I, Most Rev. Bishop of.....

Confirm that Is a member of my Parish and I recommend him or her for the CUCG Discount

Signature:..... Date:..... STAMP

Office Use Only (Registrar's Recommendation and the Vice-Chancellor's Approval)

Recommended Reason(s) if not recommended:

Not Recommended

REGISTRAR: Name:..... Signature:..... Date:.....

VICE-CHANCELLOR: Approved Not Approved Signature:..... Date:.....

NAME OF VICE-CHANCELLOR.....