

CATHOLIC UNIVERSITY COLLEGE OF GHANA, FIAPRE-SUNYANI



APPLICATION FORM

ADMISSION: ACADEMIC YEAR

UNDERGRADUATE 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 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** with all the relevant information as required. However, **Part D** on **page 7** should be in small letters.
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 2**.
5. An applicant should enclose every relevant certificates/result slips and other qualifications to facilitate the processing of the Application Form for admission.
6. An applicant to be considered for a higher placement should enclose his/her transcripts.
7. Mature Applicant should include in the Application Form copies of his/her **Birth Certificate** and **Letters of Employment** of First Appointment.
8. The University shall not be responsible for any negligence on the part of any applicant.

CATHOLIC UNIVERSITY COLLEGE OF GHANA, (FIAPRE) **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
Ghana

E-mail: cugadmin@cug.edu.gh
Website: www.cug.edu.gh
Tel: +233-352-094-657
+233-352-091-559
+233-302-512-208

Affix one passport
size photograph

Applicant should indicate by ticking the preferred Admission Programme, Schedule and Session as specified below:

Undergraduate Programmes

Degree

Diploma

August Admissions

Regular

Night

Weekend

January Admissions

Regular

Weekend

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

1. Names

1.1 Surname.....

1.2 First Name.....

1.3 Middle Name(s).....

2. Date of Birth:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| D | D | M | M | Y | Y | Y | Y |

3. Gender: Male

Female

4. Nationality:..... 5. Hometown:.....

6. Region/State of Hometown:..... 7. Religion:.....

8. The Church you attend (Denomination) if Christian.....

9. Diocese: (If Catholic)..... 10. Place of Residence:.....

11. Region/State of Residence:.....

12. Marital Status: **Married** **Single**

13. No. of Children:

14. Personal Tel./Mobile Number(s):

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

 15.1 Tel. No:.....
 15.2 Applicant's E-mail Address:.....
16. Permanent Home Address (if different from No.15 above):.....
 16.1 Tel. No.....
17. Name and Address of Father:.....

 17.1 Father's Occupation:..... 17.2 Tel. No:.....
18. Name and Address of Mother:.....

 18.1 Mother's Occupation..... 18.2 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.....
21. Are you currently in Employment? Yes No
 21.1 If Yes, indicate the type/nature of employment.

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

 21.3 Employer's E-mail address.....

B. Examination History:

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

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

22.2 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/Bodies | Certificate(s) Obtained |
|---|---------------------------------|-------------------------|
| A | | |
| B | | |
| C | | |

23. 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. | | | | | | | | | |

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

W.A.S.S.C.E.

| SUBJECTS | GRADES | | |
|----------|-----------------|-----------------|-----------------|
| | 1 st | 2 nd | 3 rd |
| | | | |
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S.S.S.C.E.

| SUBJECTS | GRADES | | |
|----------|-----------------|-----------------|-----------------|
| | 1 st | 2 nd | 3 rd |
| | | | |
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G.C.E.

| SUBJECT | "O" Level Grades | | | "A" Level Grades | | |
|---------|------------------|-----------------|-----------------|------------------|-----------------|-----------------|
| | 1 st | 2 nd | 3 rd | 1 st | 2 nd | 3 rd |
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25. **Other Qualifications**

| Qualification A | | Qualification B | |
|-----------------|-------|-----------------|-------|
| Subjects | Grade | Subjects | Grade |
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C. Choice of Programme (Refer to Admission Brochure)

26. Indicate the order of your choice of programme

| | | |
|---------------------|-----------|--------------------|
| First choice | Programme | Faculty/Department |
| | | |

| | | |
|----------------------|-----------|--------------------|
| Second choice | Programme | Faculty/Department |
| | | |

| | | |
|---------------------|-----------|--------------------|
| Third choice | Programme | Faculty/Department |
| | | |

27. Are you applying as a **Mature Candidate**?: Yes No

28. Do you require University Sponsored accommodation? Yes No

Very Important

I) How did you hear of Catholic University College of Ghana, Fiapre? Through: 1. Friends 2. Family
 3. The Church 4. Website 5. Radio 6. Television 7. Newspapers 8. Others

II) Where did you buy the Admission Application Form?

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 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"/> |