

# CATHOLIC UNIVERSITY COLLEGE OF GHANA, FIAPRE-SUNYANI



## APPLICATION FORM

### 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 block and 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-SUNYANI**

## **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](mailto:cugadmin@cug.edu.gh)  
**Website:** [www.cug.edu.gh](http://www.cug.edu.gh)  
**Tel:** +233-352-094-658  
 +233-352-091-559  
 +233-302-512-208  
 +233-243-157-300

Affix one personal  
 passport size photograph  
 with your full name and  
 signature at the back

*Applicants should indicate by ticking the preferred as specified here.*

<b>Undergraduate Programmes</b>	<b>August Admissions</b> <input type="checkbox"/>	<b>January Admissions</b> <input type="checkbox"/>
Degree <input type="checkbox"/> Diploma <input type="checkbox"/>	Regular <input type="checkbox"/> Weekend <input type="checkbox"/>	Regular <input type="checkbox"/> Weekend <input type="checkbox"/>

**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. i. Place of Birth:.....

ii. Region/State of Birth:.....

5. i. Hometown:.....

ii. Region/State of Hometown:.....

6. Nationality:.....

7. Religion:.....

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

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

10. Place of Residence:.....

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

12. Passport No:.....

13. Marital Status: **Married**       **Single**

14. No. of Children:

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

16. Address to which communication on this application should be sent.....  
.....
- 15.1 Tel. No:.....
- 15.2 Applicant's E-mail Address:.....
17. Permanent Home Address (if different from No.15 above):.....  
..... 16.1 Tel. No.....
18. Name and Address of Father:.....  
.....
- 17.1 Father's Occupation:..... 17.2 Tel. No:.....
19. Name and Address of Mother:.....  
.....
- 18.1 Mother's Occupation..... 18.2 Tel. No.....
20. Name and Address of Guardian: (where applicable).....  
.....
- 19.1 Guardian's Occupation..... 19.2 Tel. No.....
21. Are you physically disabled or do you suffer any form of handicap? Yes  No
- 20.1 If Yes, specify.....
22. Are you currently in Employment? Yes  No
- 22.1 If Yes, indicate the type/nature of employment.  
.....
- 22.2 Name, Address and phone number of present employer.....  
.....
- 22.3 Employer's E-mail address.....

**B. Examination History:**

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

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

23.2 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		

24. 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.									

25. Details of results of examinations taken as applicable. (*indicate subjects and grades at all attempts*)  
**W.A.S.S.C.E.**

SUBJECTS	GRADES		
	1st	2nd	3rd

**S.S.S.C.E.**

SUBJECTS	GRADES		
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>

**G.C.E.**

SUBJECT	“O” Level Grades			“A” Level Grades		
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>





**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

**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? .....**

**F. Endorsement**

The declarations 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

FOR OFFICIAL USE ONLY	
Application Form No.:.....	Programme offered:.....
Name of Applicant:.....	Faculty/Dept.:.....
.....	Date of Admission:.....
Date received:.....	Do you want a University Sponsored Accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/>
Initial of Recipient:.....	<b>Schedule</b>
Remarks:.....	i.) Full-Time Study ( <b>Regular</b> ) <input type="checkbox"/>
.....	ii.) Part-Time Study ( <b>Weekend</b> ) <input type="checkbox"/>