

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
Website: 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.

Undergraduate Programmes	August Admissions <input type="checkbox"/>	January Admissions <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 st	2 nd	3 rd

G.C.E.

SUBJECT	“O” Level Grades			“A” Level Grades		
	1 st	2 nd	3 rd	1 st	2 nd	3 rd

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:.....	Schedule
Remarks:.....	i.) Full-Time Study (Regular) <input type="checkbox"/>
.....	ii.) Part-Time Study (Weekend) <input type="checkbox"/>