

CATHOLIC UNIVERSITY COLLEGE OF GHANA, FIAPRE



Pre-University Programme

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

Contacts:

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

15. Core Subjects for the Remedial Classes by Applicant:

- I
- ii.....
- iii.....
- iv.....

16. Elective Subjects you intend to take:

- I
- ii.....
- iii.....
- iv.....

(NB: The University may run other remedial Elective courses)

NOTE: The following items should be included in the applicant's completed Application Form:

- i. Copies of Academic Certificates
- ii. Two recent passport-size photographs (*one should be endorsed by a senior officer*)

DECLARATION

I,, an applicant, hereby declare that the information and supporting documents provided are true and valid. That I am being considered for admission for SSSCE/WASSCE remedial programme only. I am equally liable for any consequence if the information provided is verified to be false.

Signature Date.....

DISPENSATION FOR PRE-UNIVERSITY STUDENTS

Applicants who are able to satisfy the requirements for university admission after a successful attempt at the remedial shall be considered for admission to the Catholic University College of Ghana, Fiapre to read degree programmes of their choice.

A. Personal Data

1. a) Surname: Mr/Ms/Mrs
 b) First Name.....
 c) Middle Name (if any).....
(The order of the names entered on this form must correspond with your previous academic records)
2. Gender: a) Male [] b) Female []
3. a) Date of Birth:.....
 b) Place of Birth:.....
4. a) Nationality:.....
 b) Home Town:..... c) Region:.....
5. a) Religion.....
 b) Religious Denomination: (The Church you attend):.....

 c) Place of Residence:.....
 d) Region:.....
6. School Attended
 Location.....
7. a) Employed: Yes [] No []
 b) Workplace (if employed).....
8. Contact Address:.....

9. Telephone/Mobile.....
 Email.....

10. Name of Parent/Guardian.....
 Address.....

 Tel. No.....
 E-mail address.....

B. Academic

11. Examination History

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

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

12. Qualification of Applicant: WASSCE SSSCE OTHERS
 (If **Others** specify.....
)

	Name of Examination Body	Certificate(s) obtained
A		
B		
C		

13. Examinations details

Level	SSSCE			WASSCE		
	1st	2nd	3rd	1st	2nd	3rd
Attempt						
Month						
Year						
Index No.						

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

SSSCE/WASSCE

Name of Examination Body	GRADES		
	1st	2nd	3rd

OTHERS (Specify).....

SUBJECT	GRADES			GRADES		
	1st	2nd	3rd	1st	2nd	3rd