



Catholic University College of Ghana, Fiapre

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SHORT COURSES/CERTIFICATE APPLICATION FORM

Participant's information:

Title: Mr./Ms/Mrs/Rev/Dr./Prof. (Underline the title that is applicable to you)

Name(s):

Surname.....

First Name:.....

Middle Name(s).....

Date of Birth....., Sex: Male Female

Nationality/ Place of residence:...../.....

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

Address.....

Employment/Professional Status:

Are you Currently in employment? Yes No

If yes, indicate the type/nature of employment.....

Employer's E-mail.....

Address/Tel...../.....

NO.	COURSE TITLE	FEES GH¢
Total Fees		

University Accommodation will be available to all interested participant at an affordable fees.

Will you require University Accommodation? Yes No.

Applicant Signature..... Date:...../...../.....

Administrative Use Only:

Applicant Number..... Course Fees GH¢:.....

Short Course approved:..... Date of Programme Commencement...../...../.....

Deans/programme coordinator's name.....

Signature..... Date...../...../.....