

*APPLICATION FORM FOR PROFESSIONAL COURSES
IN INFORMATION TECHNOLOGY*

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INFORMATION TECHNOLOGY**



**FACULTY OF INFORMATION AND COMMUNICATION SCIENCES & TECHNOLOGY
CATHOLIC UNIVERSITY COLLEGE OF GHANA, FIAPRE**

**APPLICATION FORM FOR PROFESSIONAL INFORMATION TECHNOLOGY
PROGRAMMES**

**FACULTY OF INFORMATION AND COMMUNICATION SCIENCES & TECHNOLOGY
CATHOLIC UNIVERSITY COLLEGE OF GHANA, FIAPRE**



Post Office Box 363, Sunyani
www.cug.edu.gh

Personal Details

Last Name First Middle Preferred First Name

Gender Birth Date

Permanent Address City Region Digital Address

Home Phone Work Phone Emergency Phone Email Address

Parish

Academic Information

List the last School attended and year of graduation High-school Year of graduation

List chronologically all Schools previously attended, beginning with the School most recently attended.

Name of Institution	Dates attended (Month/Year)		Qualification Obtained	Class
	From	To		

Undergraduate Degree HND CGPA/FGPA (estimate) _____ HND CGPA/FGPA (if applicable) _____

* Attach Transcript for possible exemptions

SHS Aggregate Score (if available) (Attach Results Slip)

SHS Results Details

No	Subjects	Year	Grade

Employment Information: Employed **Unemployed**

Present Employer Beginning Date

Last Name First Middle

Business Address City Region
 Digital Address

Telephone

Your Present Title Beginning Date at Current Title

Professional Certifications: -----

Previous employment record (include previous positions with present employer). You may use an additional sheet if necessary, or attach a resume.

Company	Dates Employed		Positions held (beginning with current)
	From	To	



Academic and Professional Enhancement

If you have pursued any other significant non-degree academic or professional programs, please list below.

Course/Enhancement Title	Dates attended		Location	Sponsor/School
	From	To		

Programme Choice:

SN	Level	Select (√)
1	Certificate in Information Technology	
2	Diploma in Information Technology	
3	Professional Diploma in Information Technology	
4	Professional Graduate Diploma in Information Technology	

Applicant's Agreement

If admitted to the Professional programmes, I agree to follow the program regulations established by Catholic University College of Ghana, Fiapre University. I also agree to assume responsibility for assuring that tuition and fees are paid in a timely manner.

Signature of Applicant

Date

Please indicate how you heard about this programme

Sky FM	
Suncity FM	
Radio BAR	
Catholic University Website	
Social Media	
Church	
Community information Center	
School Presentation	
Other	

For Office Use Only:

The Applicant is Admitted	
The Applicant is not admitted	
Programme:	
Signed:	
Name of Officer	