



CATHOLIC UNIVERSITY COLLEGE OF GHANA, FIAPRE

DISCOUNT APPLICATION FORM FOR STUDENTS

This form is to be used for the application for discounts by fresh students who have enrolled in the Catholic University College of Ghana, Fiapre

Table with 4 columns: TYPES OF DISCOUNTS, ELIGIBILITY CRITERIA, and DISCOUNT. Rows include EARLY PAYMENT DISCOUNT, CATHOLICS, ALUMNI, and LADIES FOR SCIENCE, MATHS & ICT.

NB: Students can apply for only one Discount

APPLICANTS FOR THE LAY CATHOLIC FAITHFUL MUST ATTACH THEIR BAPTISMAL CARDS OR CONFIRMATION CARDS

SUBMISSION OF APPLICATION

Kindly submit your application to the Registrar's Office.

Attachments : All Applicants should attach evidence of full payment of fees either for the semester or for the year

Academic Year:

Commencement Date of the Current Semester:.....

Date of submission fo application by student.....

Number of Weeks since commencement of Semester:.....

Registry's Stamp and date:
Signature of Receiving Officer:

SECTION A: PERSONAL DETAILS

Student's Index Number:
Address:
Student's Full Name:
Phone Number:
Email Address:

SECTION B: DETAILS OF CURRENT ENROLMENT

Faculty:
Level:
Year of Admission:
Student Status (Please mark (v) your current status only)
i. Regular Student
ii. Weekend Student (January Admissions)
iii. Weekend Student (August Admissions)

SECTION C: DETAILS OF DISCOUNT APPLICATION

TYPE OF DISCOUNT APPLIED
You are kindly requested to tick the type of Discount you are applying for
EARLY FEE PAYMENT DISCOUNT [ ]
LADIES FOR SCIENCE, MATHS AND ICT DISCOUNT [ ]
CATHOLICS AND DEPENDANTS OF THE LAY FAITHFUL/PRIESTS & RELIGIOUS [ ]

SECTION D: APPLICANT'S DECLARATION

I declare that the information supplied on this form and the information given in support of my application is correct and complete. I acknowledge that provision of incorrect or the withholding of relevant information relating to my application may render it null and void.

Signature:..... Date:.....

SECTION E: RECOMMENDATION OF A BISHOP OR PARISH PRIEST

I ....., Rev. Fr./Most Rev. .... Priest/ Bishop of.....

Confirm that ..... Is a member of my Parish and I recommend him or her for the CUCG Discount

Signature:..... Date:..... STAMP

Office Use Only (Registrar's Recommendation and the Vice-Chancellor's Approval)

Recommended [ ] Reason(s) if not recommended:
Not Recommended [ ]

REGISTRAR: Name:..... Signature:..... Date:.....

VICE-CHANCELLOR: Approved [ ] Not Approved [ ] Signature:..... Date:.....

NAME OF VICE-CHANCELLOR.....

SECTION F: FINANCE OFFICE USE ONLY

FINANCE OFFICER'S REMARKS: