

**CATHOLIC UNIVERSITY COLLEGE OF GHANA,
FIAPRE-SUNYANI.**

ADMISSION FORM (GRADUATE PROGRAMME)

Applicants should indicate by ticking the preferred as specified here.

August Admissions

Regular Weekend

January Admissions

Regular **Weekend**

A. Biodata (Applicant details)

Applicant's name must correspond exactly to those used for all examinations taken

| | | |
|---|--|---|
| Title (Rev./Pastor/Evangelist/Mr./Mrs./Ms.) Surname: | | Affix one personal passport size photograph with your name and signature at the back |
| First name: | | |
| Middle Name(s): | | |
| Date of birth (dd/mm/yyyy) | <input type="text"/> | Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Place of Birth: | | Region/State of Birth: |
| Hometown | | Region/State of Hometown: |
| Nationality (by birth): | | |
| If you are not a Ghanaian by birth kindly state your residential/citizenship status by ticking one or more of the following: <input type="checkbox"/> Citizen by Marriage <input type="checkbox"/> Citizen by Naturalization <input type="checkbox"/> Refugee <input type="checkbox"/> ECOWAS Permit <input type="checkbox"/> Others, Specify; | | Passport No: Place of Residence: Region/State of Residence: |
| Occupation of applicant: | | |
| Note: Applicants who are refugees are required to provide evidence in writing from the Ghana Refugees Board | | |
| Religion: | | Diocese: (If Catholic or Methodist or Anglican): |
| The Church you attend (Denomination) if Christian: | | Marital Status: Married <input type="checkbox"/> Single <input type="checkbox"/> |
| | | No. of Children: |
| Personal Tel. / Mobile Number(s): | | |

| | |
|--|-----------------------------|
| Address to which communication on this application should be sent: | Tel No(s): |
| | Applicant's E-mail Address: |
| Permanent Home Address (if different from above): | Tel. No. |
| Name and Address of Guardian (where applicable): | Guardian's Occupation: |
| | Tel No: |
| Are you physically disabled or do you suffer any form of handicap? | |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If Yes, specify | |

B. If you are not a Ghanaian by birth kindly state your residential/citizenship status by ticking one or more of the following;

| | |
|--|--|
| <input type="checkbox"/> Citizen by Marriage | <input type="checkbox"/> Citizen by Naturalization |
| <input type="checkbox"/> Refugee | <input type="checkbox"/> ECOWAS Permit |
| <input type="checkbox"/> Others, Specify; | |

Note: Applicants who are refugees are required to provide evidence in writing from the Ghana Refugees Board

C. Current employment and relevant experience

| | |
|---|----------------------------|
| Employer's Name: | Employer's Tel No(s): |
| Employer's Address: | Employer's E-mail address: |
| Date Employment From: To: | Current Position or Title: |
| Briefly describe your responsibilities: | |

D. Programmes

Kindly specify the post graduate programme you want to read; (You may refer to the programmes brochure or website for programmes being run).

E. Academic /Professional Qualifications:

Undergraduate Qualification

| | |
|---|---|
| Name of Institution: | Country of Institution, Address and Email: |
| Duration of Studies From: Month..... Year..... To: Month..... Year..... | Date of Award: Month..... Year..... |
| Qualification: | |
| Degree Classification (<i>if applicable</i>)/FGPA: | |

Graduate Qualification (If Any)

| | | |
|--|---|------|
| Name of Institution: | Country of Institution, Address and Email: | |
| Duration of Studies From: Month..... Year..... To: Month..... Yea..... | Date/Expected Date of Award: Month..... Year..... | |
| Qualification and Date of Award: | Month | Year |
| Degree Classification (<i>if applicable</i>): | | |

F. Professional Qualifications (If Any):

| | |
|--|--|
| Name of Institution: | |
| Qualification and Major: | |
| Date/Expected Date of Award: Month..... Year..... | |

G. Previous full time Employment

| | |
|--|----------------------------|
| Employer's Name: | Employer's Tel No(s): |
| Employer's Address: | Employer's E-mail address: |
| Date of Employment From: Month..... Year..... To: Month..... Year..... | Position or Title: |

Briefly describe your responsibilities:

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Curriculum Vitae:

(Please, attach a 1 to 2 page signed curriculum vitae to the Application Form)

H. Statement of 200-300 words

Write a short statement of (**200-300 words**) indicating your career goals; the reason for wishing to obtain a Post graduate Degree; and why you wish to study at the Catholic University College of Ghana, Fiapre.

I. References

(Please provide the names and addresses of two references. At least one the References should be in a position to assess your performance at your job).

| | Reference 1 | Reference 2 |
|----------------|-------------|-------------|
| Name | | |
| Organisation | | |
| Position>Title | | |
| Tel No(s) | | |
| Email | | |

J. Further Information

An applicant may submit any further information he/she considers relevant in support of his/her application.

K. Declaration

I declare that the information I have provided is complete and accurate, and that all statements and essays are my own work. I understand that this information will be used in the admission process and that any misrepresentation will disqualify my application for admission and enrolment in the Catholic University College of Ghana, Fiapre. (***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***)

I also understand that the Catholic University College Ghana, Fiapre or its agents may verify information included in my application. I authorize all persons and entities to provide information that will serve to verify the information I have presented in my application

.....
Date

.....
Signature of Applicant

L. Very Important

How did you hear of Catholic University College of Ghana, Fiapre?

Friends Family The Church Website Self

Radio Television Newspapers Others specify:

M. Referral Details by Applicant

If somebody recommended the University/Programme to you, would you kindly give the referrer's details.

Name of Referrer:

Catholic University College of Ghana (CUCG) ID of student (*if the person is a CUCG student*):

FOR OFFICIAL USE ONLY

Application Form No.....

Programme offered:.....

Name of Applicant:.....

Faculty/Dept.:.....

Date received:.....

Date of Admission:.....

Initial of Recipient:.....

Do you want a University Sponsored Accommodation?

Yes

No

Remarks:.....

Schedule

- i. Full-Time Study (**Regular**)
- ii. Part-Time Study (**Weekend**)