CATHOLIC UNIVERSITY OF CAMEROON (CATUC), BAMENDA

Nort Repu Tel: E-ma	Box 782 Bam h West Regio blic of Came (237) 243-D il: <i>info@ca</i> ite: <i>www.ca</i>	n roon 7-29-42 <i>tuc•org</i>				Passport-Size Photo
			City of Wisd	эт		
GR/	ADUATE AF	PLICATION	I FORM	Aca	demic Year:	
1.	PERSONAL D Please enter o		exactly as it appears in yo	our Birth Certifi	icate.	
	Name:					
	Gender:	Male 🗌	Female			
	Date of Birth:	Day:	Month:	Y	ear:	
	Place of Birth:	City/Town:				
		Division:	<u> </u>			
		Region:				
		Country: Religion:				
		-				
		If Catholic:	Baptised	Not Bised		
		Nationality:				
	National ID Ca	ard Number: _	Iss	ued on:	At:	
	Passport Num	iber:	Issued on:		Country of Issue	2:
2.	ADDRESSES					
	(Please, inclue	de Post Box nu	nber):			
					_	
	Student's Pho	ne Number(s)	(Include Country Code):			
	Student's Ema	ail Address:				
	PARENT Name:			PONSOR ame:		
	Occupation:		0	ccupation:		

Address:	Address:		
Phone Number:	Phone Number:		

3. GRADUATE DEGREE PROGRAMMES OFFERED

Please, choose the Research Degree Programme for which you are applying by checking the corresponding box

a) Anthropology & Development Studies	(MSc)
b) Health Economics, Policy & Management	(MSc)
c) Philosophy	(MPhil)
d) Human Resource Management	(MBA)
e) Banking, Tax Administration & Financial Services	(MBA)
f) Project Management, Design and Implementation	(MBA)
g) Anthropology & Development Studies	(PhD)
h) Health Economics, Policy & Management	(PhD)
i) Philosophy	(PhD)

4. ACADEMIC OBJECTIVES

Please, list in chronological order (starting with most recent), the colleges/universities you have attended. You MUST attach **CLEAN** photocopies of official/original certificates and transcripts for each of the institutions listed below. Failure to do so will delay the processing of your file. Candidates with foreign certificates in languages other than English or French should provide a translation by a certified translator alongside the original document.

ſ	Name of	Location	Certificate	Dates A	ttended	Specialization	Grade
	Institution(s)	(City/Country)	Obtained	From	То		
-							
-							

5. LANGUAGES

Was English the language of instruction for your First Degree? Yes If **NO**, please indicate the language of instruction at Undergraduate Level:_ Indicate any other language(s) spoken below:

Languaga	V	Fluency					
Language	Years of Study	Excellent	Good	Fair	Minimal		

English Proficiency

Applicants from a non-English speaking background with a First Degree or its equivalent will be required to demonstrate proficiency in the English Language, by sitting and passing an English Language Test.

6. SUPPORTING DOCUMENTS (Admission Requirements):

- a) A Receipt of Registration Fee of fifteen thousand (15,000) francs paid into the Catholic University of Cameroon (CATUC) Bamenda Bank Account with either ECOBANK (0200122608355201), Union Bank of Cameroon (UBC: 00111013204), United Bank of Africa (UBA: 04050000060), National Financial Credit (NFC: 17301022306), or SGBC (05160250250-22).
- b) One Clean Certified copy of Birth Certificate
- c) One Clean Certified copy of Degree Certificate(s) (Certified by the issuing institution)
- d) One Clean Certified copy of University Transcript(s) (Certified by the issuing institution)
- e) Two Recommendation Letters
- f) A Curriculum Vitae
- g) 1.000frs for Colour Passport Size Photograph (hard & soft taken on campus)
- h) Students with foreign degrees/certificates should present Equivalences to their certificates obtained from the Ministry of Higher Education (MINESUP), Yaouinde.

7. PERSONAL STATEMENT (Research Interest)

(ii)

Please, use the space below to sumarise your academic interests and your reason(s) for choosing the intended course of study.

8. RECOMMENDATION

Provide the following: (i) One Recommendation Letter from your most recent place of study (College/University)

One Recommendation Letter from your present/recent employer

	Recommendation Letter 1	Recommendation Letter 2		
Name:		Name:		
Qualification:		Qualificatio n:		
Address:		Address:		
Position:		Position:		
Telephone:		Telephone:		
Email:		Email:		

9. DECLARATION

I certify that all the information I have given on this application form is correct and complete. I understand that withholding or providing false information or fake documents in support of this

application may disqualify me from admission or later be used as grounds for my dismissal from the Catholic University of Cameroon (CATUC), Bamenda.

Applicant's Name:		Signature:
		Date:
	3	
10. Submit your complete Application File to;		
The Registrar		
Admissions Office		
Catholic University of Cameroon, (CATUC)		
P.O. Box 782 Bamenda		
North West Region, Cameroon		

Contact Number: 00237-243-072-942Website: www.catuc.orgEmail: info@catuc.orgThis Application form could equally be download form the above website.Email: info@catuc.org

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						icial Use ONI					
BASIS OF DECISION											
University Adminssic Requirements						YES	NO				
Graduate Programm Requirements			ne		YES	NO					
A	Admitt	ed					Obser	vation,	/Comme	ent	
Graduate Degree:	MSc	MPhil	MBA	PhD							
Graduate Programme:											
Rejected						Reasons for	⁻ Rejec	tion			
		GRA	DUAT	E ADMI	SSION	N BOARD SIG	NATOR	IES			
	Na	me				Si	Signature			Date	
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