## CATHOLIC UNIVERSITY OF CAMEROON (CATUC), BAMENDA

P.O. Box 782 Bamenda, Cameroon Tel: (237) 33-07-29-42 E-mail: <u>info@catuc.org</u> Website: <a href="mailto:www.catuc.org">www.catuc.org</a>



Passport Size

Photo

# **APPLICATION FOR UNDERGRADUATE ADMISSION** *Year:*

1.	PERSONAL D					
	Please enter yo	ur names as the	ey appear on your ide	entification papers.		
	Family Name: _			Given Names:		
	Sex:	Male	Female			
	Date of Birth:	Day:	Month:		Year:	
	Place of Birth:	City/Town Division Region Country				
	Nationality:			_		
	National ID Car	d Number:		Issued on:	Issued at:	
	Passport Numb	er:	Issued	on:	Country of Issue:	
2.	ADDRESSES					
	2.1. Current Mo	ailing Address:				
	Telephone Nun	nbers (Include C				
			Email:			
	2.2. Permanen	<b>t Address</b> (if diff	ferent from above)_			
	Telephone Nun	nbers (Include C	Country/City Code): _ Email:			
	2.3. Parent /Gu	uardian Details				
	PARENT Name:			SPONSOR Name:		
	Address:			Address:		
	Email or Phone	:		Email or Phone	2:	
	Occupation: _			Occupation:		

### 3. ACADEMIC QUALIFICATION

List in chronological order all schools/colleges/universities you have attended. Certified copies of original certificates must be submitted for each of the institutions listed below. If the certificates are not in English, official certified translations (by a sworn translator) are required and accepted only when accompanied by the document in the original language.

Names of Institution(s)	Location (City, Country)	Language of Instruction	Dates of A From	ttendance To	List any Certificates or Diploma(s) obtained

#### 4. ACADEMIC OBJECTIVES

Indicate the Degree Programmes you will like to pursue at the Catholic University of Cameroon, CATUC, Bamenda.

CHOICES	FACULTIES / SCHOOLS	DEGREE PROGRAMMES
First Choice		
Second Choice		
Third Choice		

(N.B) The choice of the applicant will be respected as much as possible. However, some adjustment could be made where necessary.

International students are expected to apply well ahead of time as obtaining a Student Visa can take up to six months for some countries.

### 5. ACADEMIC HONOURS

Please list any academic honours that you have received
•
•
•
•

Indicate any other lan	guage(s) spoken:				
,			Fluer	4.011	
Language	Years of Study	Excellent	Good	Fair	Minimal
i .					
English Proficiency Applicants from non	-English speaking backgro	und who have pas	ssed "A" Leve	l Examinatio	ons or equivaler
Applicants from non	rate proficiency in the En	-			•
Applicants from non required to demonst between July and Au	rate proficiency in the En	glish Language.	(The CATUC		•
Applicants from non required to demonst between July and Au  Supporting Docume  a. Certified-tru	rate proficiency in the Engust).  ents to accompany this ap	glish Language.  plication form in	(The CATUC		•
Applicants from non required to demonst between July and Au  Supporting Docume  a. Certified-tru b. Copy of GC	rate proficiency in the Engust).  ents to accompany this apue copy of Birth Certificat E O'Level or Probaboire	glish Language.  plication form in the Certificate	(The CATUC		•
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Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

# 9. Return this Form and Supporting Documents to;

The Registrar, Catholic University of Cameroon, (CATUC) Admissions Office P.O.Box 782 Bamenda, North West Region, Cameroon Tel: 00237-3307-2942 Website: www.catuc.org