



CATHOLIC UNIVERSITY INSTITUTE OF BUEA

P.O. Box 563 Buea,
South West Region,
Republic of Cameroon,
Central Africa

CUIB

The Entrepreneurial University

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APPLICATION FORM

READ THE ADMISSION REQUIREMENTS AND PROCEDURES VERY CAREFULLY BEFORE COMPLETING THIS FORM.

COMPLETE THE APPLICATION FORM IN CAPITAL LETTERS AND MAKE SURE YOU PROVIDE ALL THE INFORMATION REQUESTED.

Also provide information on your Vocational Competence (about a page) by completing the attached **Motivation Form**.



Application Fee: **10,000** FCFA

Academic Year: ____ / ____

A. PERSONAL INFORMATION

1. Name (as in Birth Certificate): _____
2. Sex: Male Female
3. Date of Birth (DD/MM/YYYY): __ / __ / ____ Place of Birth: _____ City/Town: _____
Division of Origin of Father: _____ Region of Origin of Father: _____
4. Country of Origin: _____ Nationality: _____
N.I.C. No: _____ Issued on (DD/MM/YYYY): __ / __ / ____ at _____
Passport No: _____ Issued on: __ / __ / ____ at _____

5. CONTACT ADDRESS OF CANDIDATE

Home/Abroad: _____ Residential Address: _____
P.O Box: _____ Phone Number(s): _____ E-mail: _____

6. RELIGION

- Catholic Presbyterian Baptist Muslim Baha'i Pentecostal Atheist Others

7. PARENTS

FATHER:

Father's Name: _____ Residential Address: _____
Phone Number(s): _____ E-mail: _____
Profession: _____ Place of Work: _____

MOTHER:

Mother's Name: _____ Residential Address: _____
Phone Number(s): _____ E-mail: _____
Profession: _____ Place of Work: _____

GUARDIAN IN CAMEROON / ABROAD:

Guardian's Name: _____ Residential Address: _____
Phone Number(s): _____ E-mail: _____
Profession: _____ Place of Work: _____

8. ADDRESS OF PERSON TO BE CONTACTED IN CASE OF EMERGENCY

Name: _____ Residential Address: _____
Phone Number(s): _____ E-mail: _____
Profession: _____ Place of Work: _____

9. AREA OF STUDY DESIRED

- SCHOOL OF AGRICULTURE AND NATURAL RESOURCES
- SCHOOL OF BUSINESS
- SCHOOL OF ENGINEERING
- SCHOOL OF INFORMATION TECHNOLOGY

COLLEGE OF BUSINESS AND TECHNOLOGY

- Higher National Diploma (HND)
- Bachelor of Technology (B.Tech)

DEGREE / PROGRAMME B.Sc B.Tech

1st Choice: *School/College* _____ Dep't: _____

2nd Choice: *School/College* _____ Dep't: _____

3rd Choice: *School/College* _____ Dep't: _____

HIGHER NATIONAL DIPLOMA PROGRAMME (HND)

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

10. INSTITUTIONS ATTENDED

DATES	INSTITUTION, ADDRESS AND COUNTRY	CERTIFICATES OBTAINED AND YEAR

11. CERTIFICATES OBTAINED

A. GCE ORDINARY LEVEL/PROBATOIR: Number of Sittings Years

B. Candidate No: _____ **Centre No:** _____ **Year:** _____

SUBJECTS	GRADES OBTAINED
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	

C. G.C.E ADVANCED LEVEL /BACC(Serie) Number of Sittings Years

Candidate No.: _____ Centre No: _____ Year: _____

SUBJECTS	GRADES OBTAINED
1.	
2.	
3.	
4.	
5.	
6.	

D. OTHER QUALIFICATIONS: _____

E. RESULTS AWAITED (O/L ,A/L , PROB , BACC OR OTHER EXAMS)

Candidate No: _____ Centre No: _____ Year: _____

A/L SUBJECTS AWAITED	SUBJECTS OF OTHER EXAMS
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.

12. LANGUAGE PROFICIENCY

	ENGLISH		FRENCH		OTHER LANGUAGE(S)
	SPOKEN	WRITTEN	SPOKEN	WRITTEN	
EXCELLENT					
V. GOOD					
GOOD					
FAIR					
POOR					

13. State clearly how will you finance your education in CUIB? _____

14. Hobbies and Extra-Curricular Activities _____

15. Do you have any Physical Disabilities? Yes No

If Yes, explain their nature? _____

How have they affected your daily activities? _____

Do you have any other health problem (s)? _____

16. Do you have a personal / Family Doctor? Yes No

Name: _____ Residential Address: _____

Phone Number(s): _____ E-mail: _____

Profession: _____ Place of Work: _____

17. If you are a transferred candidate, provide the following information:

Name: _____ Residential Address: _____

Phone Number(s): _____ E-mail: _____

Profession: _____ Place of Work: _____

Attach copies of your Transcript

18. Documents to accompany this application include:

- a) 4 Passport-size Photographs
- b) Photocopy of Birth Certificate
- c) Certified copies of Academic Certificates
- d) Photocopy of Receipt of Application Fee
- e) Medical Certificate of Fitness

19. STATEMENT OF INTEGRITY

I am fully aware and take responsibility for any false information in this application. In all sincerity, I certify that the information contained in this application is correct.

I do pledge that if I am admitted into CUIB, I shall observe and respect the rules and regulations of the Institution. For example, I shall inter alia:

- I. Respect the EoC period of 30 minutes for reflection by all, irrespective of denomination. Within this EoC period, students are expected to gather in the church as one family for EoC Mass, or at a meditation hall in both campuses. No other activity shall be carried out in both campuses during the EoC period.
- II. Appear neatly with respect to dress, shoes and hair. Students improperly dressed will be refused access into campus.
- III. Respect and obey all instructions from CUIB Security Officers. They reserve the right to prevent students from entering into campus. ID Cards could be checked.
- IV. Produce all necessary documents required for writing CUIB examinations and further respecting all rules and regulations guiding the conduct of the said examinations.
- V. Avoid circulating false information and blackmail that can tarnish the reputation of the institution.
- VI. Respect other rules and regulations not mentioned above, but which are intended to maintain peace, stability and dignity of the University.

20. CAUTION

Any false information provided in this application will be treated as a criminal offense that could face the full weight of the law or any other sanctions. For example, immediate dismissal or withdrawal of certificates.

Name: _____ Signature: _____ Date: _____

21. Send your Complete Application Form to the following Address:

THE PROVOST/EXECUTIVE VICE PRESIDENT (CHIEF ACADEMIC OFFICER)
OFFICE OF THE PROVOST,
CATHOLIC UNIVERSITY INSTITUTE OF BUEA (CUIB)
P.O BOX 563, BUEA,
SOUTH WEST REGION,
REPUBLIC OF CAMEROON

RESULTS <i>(for office use ONLY)</i>	
Choice accepted:	
1 st Choice <input style="width: 150px;" type="text"/>	2 nd Choice <input style="width: 150px;" type="text"/>
Choice rejected <input style="width: 150px;" type="text"/>	
Reasons for rejection: _____	
Name of Officer: _____ Signature: _____ Date: ___/___/___	

N.B: A Candidate can download this Application Form at www.cuib-cameroon.org/admission/15-16/af.pdf, complete and personally submit it to the Office of the Provost of CUIB, Molyko Campus, Buea, **after paying the Application Fee of 10,000 FCFA.**