

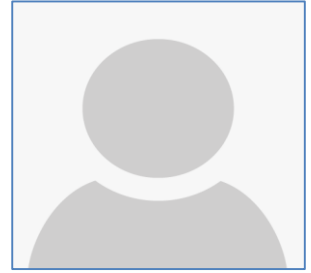


## APPLICATION FOR GRADUATE ADMISSION

CONSULT THE GRADUATE INFORMATION BROCHURE BEFORE COMPLETING THIS FORM.

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

Also provide a two page **Research Statement** that demonstrates your interest for the chosen program, as well as a **Letter of Motivation** and a **Curriculum Vitae** (use attached templates).



Application Fee: **25,000** FCFA

Academic Year: \_\_\_\_ / \_\_\_\_

### A. PERSONAL INFORMATION

1. Name (as on 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 (where applicable): \_\_\_\_\_ Issued on: \_\_ / \_\_ / \_\_\_\_ at \_\_\_\_\_

### 5. CONTACT ADDRESS OF CANDIDATE

Home/Abroad: \_\_\_\_\_ Residential Address: \_\_\_\_\_

P.O Box: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_ E-mail: \_\_\_\_\_

6. RELIGION: CHRISTIANITY  ISLAM  OTHER: \_\_\_\_\_

Denomination: 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 GRADUATE STUDIES DESIRED:

- |  |                                |                                |
|--|--------------------------------|--------------------------------|
| <input type="checkbox"/> SCHOOL OF AGRICULTURE AND NATURAL RESOURCES | M.Sc. <input type="checkbox"/> | Ph.D. <input type="checkbox"/> |
| <input type="checkbox"/> SCHOOL OF BUSINESS                          | M.Sc. <input type="checkbox"/> | MBA <input type="checkbox"/>   |
| <input type="checkbox"/> SCHOOL OF ENGINEERING                       | M.Sc. <input type="checkbox"/> | Ph.D. <input type="checkbox"/> |
| <input type="checkbox"/> SCHOOL OF INFORMATION TECHNOLOGY            | M.Sc. <input type="checkbox"/> | Ph.D. <input type="checkbox"/> |

Program: \_\_\_\_\_

10. INSTITUTIONS / UNIVERSITIES ATTENDED

DATES	INSTITUTION, ADDRESS AND COUNTRY	CERTIFICATES OBTAINED AND YEAR

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

Candidate No.: \_\_\_\_\_ Centre No: \_\_\_\_\_ Year: \_\_\_\_\_

SUBJECTS	GRADES OBTAINED
1.	
2.	
3.	
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7.	

12. OTHER QUALIFICATIONS (Academic/Professional): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

13. LANGUAGE PROFICIENCY

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

14. State clearly how you intend to finance your education at CUIB? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Hobbies and Extra-Curricular Activities \_\_\_\_\_  
\_\_\_\_\_

16. Do you have any Physical Disabilities? Yes  No   
If Yes, explain their nature? \_\_\_\_\_  
How have they affected/would they affect your daily activities? \_\_\_\_\_  
\_\_\_\_\_  
Do you have any other health problem(s)? \_\_\_\_\_

17. Do you have a Personal / Family Doctor? Yes  No   
Name: \_\_\_\_\_ Residential Address: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_ E-mail: \_\_\_\_\_  
Profession: \_\_\_\_\_ Place of Work: \_\_\_\_\_

18. If you are a transferred candidate, provide the following information:  
Full address of University: \_\_\_\_\_  
\_\_\_\_\_  
Attach a copy of your Academic Transcript.

19. Documents to accompany this application include:
- |   |   |
|---|---|
| a) 4 Passport-size Photographs                          | b) Certified copies of Birth, A/L and B.Sc./Professional Certificates |
| c) Undergraduate Transcript                             | d) Letter of Motivation (Complete the template attached)              |
| e) 2-page Research Statement (Complete the template)    | f) Medical Certificate of Fitness                                     |
| g) Photocopy of Receipt of Payment for Application Form | h) Proof of English Language Proficiency                              |
| i) Curriculum Vitae (Complete the template attached)    |   |

20. Provide Contacts of **Two Referees of Academic Standing** (one of which should be your former Lecturer):

*Referee 1:*  
Name: \_\_\_\_\_  
Institution/Organisation: \_\_\_\_\_  
Position: \_\_\_\_\_  
Contact: Tel: \_\_\_\_\_ E-mail address: \_\_\_\_\_

*Referee 2:*  
Name: \_\_\_\_\_  
Institution/Organisation: \_\_\_\_\_  
Position: \_\_\_\_\_  
Contact: Tel: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**21. 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.

I therefore certify that the information I have provided in this Application Form is correct.

**22. STATEMENT OF INTEGRITY**

I do pledge that if I am admitted into CUIB, I shall observe and respect the Philosophy, Vision, Mission, Identity, Rules and Regulations of the Institution.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**23. Send your Complete Application Form to the following Address:**

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

*(For Official Use ONLY)*

<b>DECISION OF ADMISSION BOARD:</b>		
Candidate is Accepted <input type="checkbox"/>	Candidate is Rejected <input type="checkbox"/>	
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/gaf.pdf](http://www.cuib-cameroon.org/admission/15-16/gaf.pdf), complete and personally submit it to the Office of the Provost of CUIB, Molyko Campus, Buea, **after paying the Application Fee of 25,000 FCFA at any of the University Bank Accounts.**



**APPLICATION FOR GRADUATE ADMISSION**

**LETTER OF MOTIVATION**

Name of Applicant: \_\_\_\_\_  
Area of Studies Desired:    M.Sc.                     MBA                     Ph.D.                     Other   
Program Chosen: \_\_\_\_\_

**Explain your Choice of the Program:**

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Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_



**How will the Research Contribute to Addressing Societal Challenges?**

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**Summary of Past/Present Research Work:**

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**Potential for Research Grants and Peer-reviewed Publications:**

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Applicant's Signature:

\_\_\_\_\_

Date:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_



**APPLICATION FOR GRADUATE ADMISSION**

**CURRICULUM VITAE**

**A. Background**

Full Name: .....

Date of Birth: .....

Sex: Male  Female  Marital Status: Single  Married

**B. Educational Profile:**

INSTITUTION	ADDRESS AND COUNTRY	DATES	CERTIFICATES OBTAINED

**C. Work Experience (where applicable)**

ESTABLISHMENT	POSITION AND DUTIES	DATES



ESTABLISHMENT	POSITION AND DUTIES	DATES

**D. SEMINARS/CONFERENCES ATTENDED/CONSULTANCY ASSIGNMENTS**

DATES	INSTITUTION / ORGANISATION	THEME OF SEMINAR/CONFERENCE

**E. PUBLICATIONS/PAPERS/ARTICLES**

TITLE OF PUBLICATION/PAPER/ARTICLE	DATES AND PLACE OF PUBLICATION

Applicant's Signature:

\_\_\_\_\_

Date:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_



**APPLICATION FOR GRADUATE ADMISSION**

**RECOMMENDATION FORM**

The applicant named below has applied for graduate admission to the Catholic University Institute of Buea. Please complete this Reference Form along with a separate recommendation letter written and signed on your official academic or business letterhead stationery. Return both documents before the program Application Deadline of \_\_\_\_\_. If you have not had the applicant as a student, please adapt items 3-5 below, if applicable, and explain your knowledge and assessment of the applicant in your Recommendation Letter. If you do not know this student well, please feel free to say so.

Applicant's Last or Family Name/Surname \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

1. What is your relationship with the applicant? Teacher/Professor  Employer/Supervisor  Other

2. Do you know the applicant well enough to give him/her a recommendation?  Yes  No  
(If you checked NO, you do not need to complete the rest of this form)

**3. SUMMARY EVALUATION**

Compare the applicant with a representative group of students with similar experience and training in the same field. How do you rate the applicant on general research and scholarly ability? (Check one.)

- Outstanding (highest 5%-comparable to best students)
- Very good (highest 10%)
- Good (upper 25% - ability easy to identify)
- Average (upper 50%)
- Below average (lower 50%)

**4. RECOMMENDATIONS**

I would make the following recommendation for the applicant's admission to the program and degree listed on the front: This recommendation is intended to indicate the academic competence of the candidate as known by the recommending officer.

- Strongly recommend
- Recommend
- Recommend with reservations
- Do not recommend

I feel that the applicant is qualified to serve as: (check all that apply)

- Graduate Teaching Assistant
- Graduate Research Assistant
- Master's Candidate
- Doctoral Candidate
- Other

5. Some gifted individuals do not perform to their potential. Is the applicant's scholastic record, as you know it, an accurate index of his/her ability?

Yes  No  Don't know

(if you checked NO, please explain why in your Recommendation Letter.)

I pledge that the recommendation given above has been accurately made, given the information available to me on the student.

Printed Name: \_\_\_\_\_ Professional Rank: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_