



CATHOLIC INSTITUTE OF BUSINESS & TECHNOLOGY (CIBT)

UNDERGRADUATE APPLICATION FORM

Please attach
passport size
photo here

1. PERSONAL DETAILS

- I. Surname: _____
Title: Miss/Mrs./Ms./Mr./Other _____
- ii. First Name(s) _____
- iii. Previous Name (if changed): _____
- iv. Current Mailing Address (to which any correspondence on this application would be sent): _____

- v. Telephone (Home): _____ Telephone (work): _____
- vi. Telephone(mobile): _____ Email: _____
- vii. Date of Birth: Day Month Year
- viii. Gender: Male Female (Please tick)
- ix. Country of Birth: _____ Nationality: _____
- x. Country of Permanent Residence: _____
- xi. Marital Status: Single Married (Please tick)
- xii. Religious Denomination: _____

xiii. Disability and Special Needs: CIBT aims to create an educational environment conducive for all students irrespective of their physical ability or peculiar health needs to participate fully in the life of the Institute. To assist us make adjustments to meet special needs, we need prior information from prospective students. Please note that consideration of special needs will have nothing to do with academic suitability of the applicant.

Do you have special needs that may affect your ability to study? This may be a physical disability or health problem. Yes No

If Yes, please give details: _____

2. EDUCATIONAL HISTORY

- I. Beginning with the secondary school or the Institute you are currently enrolled in, or were last enrolled in, list in a chronological order, all the schools and colleges you have attended.

Please begin with the most recent

Name of School/Institute	Country/City	Years (From - To)	Qualifications
Examination Results Awaited			

ii. Self-Reported Academic Record

Indicate the title of examinations attempted (SSSCE, WASSCE, GCE “O” LEVEL, GCE “A” Level, Baccalaureate, etc). Attach photocopies of transcripts, results slips, certificates, etc

First Attempt	Second Attempt	Third Attempt	Fourth Attempt
Title of Exam	Title of Exam	Title of Exam	Title of Exam
Index No.	Index No.	Index No.	Index No.
Year	Year	Year	Year
Subject & Grade	Subject & Grade	Subject & Grade	Subject & Grade
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8

3. EMPLOYMENT AND WORK EXPERIENCE

Please provide details of any employment and work experience you have acquired in the past five years which you believe may positively support your application.

Date: <i>(From - To)</i>	Name & Address of Employer	Position Held (Job Title)

4. REFERENCE *(for matured students/ workers only)*

Please provide the name and address of one person who would give you a reference. This should be someone from your last place of work who can comment on your intellectual ability and work experience.

NOTE: Reference from family members will not be accepted

Name:
Occupation/ Post Held:
Address:
Telephone:
E-mail:

Please check one of the following statements:

- The completed reference is enclosed with my application
- The completed reference will be sent separately

5. PROPOSED PROGRAMME OF STUDY

a. Please indicate in the order of preference, the Faculty/Department of your proposed programme of Study:

Bsc. Business Administration and Management Studies <input type="checkbox"/>	BSc. Public Sector Administration <input type="checkbox"/>
<ul style="list-style-type: none"> <input type="checkbox"/> Banking and Finance <input type="checkbox"/> Accounting <input type="checkbox"/> Human Resource Management and Administration <input type="checkbox"/> Marketing 	<ul style="list-style-type: none"> <input type="checkbox"/> Public Administration <input type="checkbox"/> Local Government Administration
	Bsc. Procurement Administration <input type="checkbox"/>
	BSc. Computer Science <input type="checkbox"/>
	B.A Study of Religions <input type="checkbox"/>

b. Please indicate your preferred mode of study by checking the appropriate box:

- Full-Time Day
- Full-Time Evening
- Full-Time Evening and Weekends

6. HOW WILL YOU FINANCE YOUR STUDIES AT CIBT? *(Please check one box only)*

- Self Employer Sponsor Parent Guardian Other

The following section must be signed by a parent, guardian, sponsor or the manager of a company stating that he or she will be responsible for the financing of the applicant's studies at CIBT.

This is to confirm that I, (Full Name): _____

Relationship to Applicant: _____

Address: _____

Telephone: _____ Email: _____

Assume the financial responsibility for the studies of: *(Name of Applicant)*

_____ while he/she is enrolled as a student at the Catholic Institute of Business and Technology. I have read, understood and do agree with the conditions of CIBT as regards fee paying as outlined in the student catalogue. I agree to pay the fees as they are due.

Signature of person responsible for paying the fees:

Date



7. PERSONAL STATEMENT

Please use this space to provide any additional information that you feel may be relevant to your application. *(You may continue on a separate sheet if necessary.)*

Your essay may include such information as:

- Reasons for choosing the programme of study
- Any prior study or knowledge, skills, or work experience you have obtained which has informed your interest in the programme of study.
- Any challenges you have faced or anticipate to face in your studies or the development of your personal career.
- The benefits you hope to gain from the program *(that is, your future career plans)*

8. DECLARATION

I declare that the information provided on this application form is true, complete and accurate, and that no information requested or relevant material information has been deliberately omitted. I understand and accept the Institute's right to establish the authenticity of my application and that it also reserves the right to reject my application if it transpires that any false information has been provided on this form. I understand and agree that if offered admission at the Catholic Institute of Business and Technology, I will be bound by the Rules and Regulations of the Institute. By signing the Application Form I confirm my agreement to this declaration.

Signature of Applicant

Date



9. ENDORSEMENT

The completed application form and one of the passport photographs must be endorsed by a public official (a lawyer, clergy, headmaster, headmistress, head of a public Institution, etc)

I _____ have known the applicant
_____ whose photograph I have endorsed for
_____ years. I have also verified that the information provided by the applicant on this form is, to the best of my knowledge, accurate.

Signature and Stamp

Date

CHECKLIST FOR APPLICANT

Please use the checklist below to ensure that your application is complete

HAVE YOU.....

- Completed all relevant sections, signed and dated the Application Form?
- Attached copies of transcripts/certificates/results slips of your qualifications?

(PLEASE DO NOT SEND ORIGINAL CERTIFICATES, RESULTS SLIPS OR TRANSCRIPTS)

Ensure that your reference has been completed and attached or sent as per instructions in Section 4?

- Enclose a banker's draft or money order for the appropriate application fee?
- Enclose four of your most recent passport-size photographs, one of which must be endorsed?
- Enclosed a Stamped self-addressed envelope?

Return your completed Application Form and any other information requested to:

The Admissions Office

Catholic Institute of Business & Technology

P. O. Box AN 5428

Accra-North

