



# FOMIC POLYTECHNIC UNIVERSITY

Academic & Professional Excellence

P.O BOX 123, BUEA  
South West Region, Cameroon  
Tel: +237 243280839

## STUDENT APPLICATION FORM (MBA/DEGREE/DIPLOMA)

Affix a  
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Passport size photo  
Here!!!

### PERSONAL INFORMATION

Name (as on Birth Certificate): \_\_\_\_\_ Sex: M  F

Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

ID/Passport No: \_\_\_\_\_

### CHOICE OF COURSE

HND  B.TECH  MBA  CPA  CS  CICT  DICT

Others  Specify: \_\_\_\_\_

### EDUCATION

Schools Attended	Dates		Qualification Obtained
	From (Year)	To (Year)	

N/B: Attach Photocopies of all the relevant certifications and two passport sized photographs

### SPONSORSHIP

Self:

Others: (Parents, Organisation): \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Name and Address of Nearest relative, person or agency to be contacted in case of emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### TERMS AND CONDITIONS

- Course fees must be paid in advance at time of booking, unless prior credit arrangement is made and approved by an authorized officer of the school and the sponsor or sponsoring Company.
- A 25% fee will be charged on any booking cancelled before commencement of of classes.
- There will be no refund of any booking cancelled or abandonment of classes once they have been commenced.
- All fees are paid into the University's bank account: BICEC Bank SA a/c 06843- 61809043001-97. The University is not responsible for any money paid to individuals.
- The university does not accept liability for loss or damage to any property brought or left on the premises by students.
- Students will be charged for any damage caused to any equipment by negligence.
- Certificates will only be awarded after the fulfillment of all the particular course's requirements.

### DECLARATIONS

I certify that the information/statements made by me on this form are correct and complete. I further certify that I have read, understood and agreed to comply with the terms stipulated herein.

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

### SPONSORS'S UNDERTAKING (for those sponsored by organizations "Only")

We, the undersigned, hereby confirm that the applicant will be sponsored by us for the above listed course(s), please bill us. Payment will be made within \_\_\_\_\_ days.

Name of Sponsor: \_\_\_\_\_

Authorised Signatory: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICIAL USE ONLY

Serial No.	Date Received	Receipt No.	Sponsor	Selected	Not Selected

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**Rector**