OFF	ICE USE ONLY – For Completion by Department/School	
The I	Department/Faculty of	<u></u>
Reco	mmends that the above application be:	
i.	Accepted, and can confirm that	
	has agreed to act as Academic Adviser.	
	Or	
ii.	Rejected	
Signa	nture:	-
Pleas	e print name:	_

Telephone

Occupation

LAUREATE HIGHER INSTITUTE OF BUSINESS ADMINISTRATION (LAHIBA), BAMENDA

Student
Photograph

P.O. Box 1200, BAMENDA, CAMEROON Tel: 675 80 60 55/ 699 70 16 15 Email: lahiba 2014@gmail.com

Email: lahiba2014@gmail.com Website: www.laureateuniversityinstitute.com

For office us	se on	ıly		

APPLICATION FORM FOR ADMISSION DEGREE PROGRAMME 2024/2025

Section 1: Personal De	tails				
Names (as on birth certificate)					
Gender]	Male	Female		
Date of Birth	Day:	Month:	:	Year: _	
Place of Birth					
Home Address					
Region of Origin					
Country					
Telephone					
Email					
National ID Card Number:		Issued on:		At:	
Passport Number:		Issued on:		Country of issue:	
Section 2: Guardian De	tails				
Names					
Relation to Guardian					
Home Address					

SAFD2024/25-0048

Date:

Section 3: Academic Qualification

Ordinary Level / Probatoire or Equivalent Qualification					
SN	SUBJECT	GRADE	FOR AMDMINISTRATIVE USE ONLY		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

	Advanced Level/BAC Results or Equivalent Qualification					
SN	SUBJECT	GRADE	FOR AMDMINISTRATIVE USE ONLY			
1						
2						
3						
4						
5						

Higher National Diploma (HND), DIPES I or DIPET I				
SPECIALTY	YEAR PASSED	AVERAGE	GRADE	

Section 4: Department Details

Tick the Program for which you are applying for

BUSINESS, FINANCE AND ADMINISTRATION	ENGINEERING AND TECHNOLOGY	TEACHING, EDUCATION AND PROFESSIONAL DEVELOPMENT
☐ Accountancy (ACC) ☐ Banking and Finance(BNF) ☐ Management(MGT) ☐ Marketing (MKT) ☐ Executive Secretarial Studies(ESS)	☐ Information and Communication Technology (ICT)	☐ Didactics, Educational Planning and Curriculum Development (EDU)

Applying for Academic Year:202_____/202_____

SAFD2024/25-0048

Section 5: Supporting Materials Checklist

Enclosed

Section 6: Declaration

Once you have completed this application form, please read the following statement carefully. By signing this application form you confirm your acceptances of these statements. If you do not sign this form, we cannot process your application.

- I confirm that the information I have provided on this application form is (to the best of my knowledge) true, accurate, current and complete; and I agree to notify the Polytechnic promptly if any information contained on this application form should change, in order to keep it true, accurate, current and complete.
- I confirm that all supporting documents submitted as part of this application is entirely genuine and correct.

Please sign below to confirm acceptance of these statements:				
Please Print Name:	Date:	Signature:		
How did you know about I AUID A Polytochnic?		Ç		
How did you know about LAHIBA Polytechnic?				
(Name of Person or Media you got the information from)				

Please, Return this Form and Supporting Documents to:

The Dean of Studies,
Laureate Higher Institute of Business Administration, (LAHIBA)
Admissions Office
P.O. Box 1200, Bamenda,
North West Region, Cameroon

Tel: +237-675-806-055

Email: lahiba2014@gmail.com/Info@laureateuniversityinstitute.com

Website: www.laureateuniversityinstitute.com

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