

I declare that all statements on this application form and any material filed in support here of are true, correct and complete and all required information has been disclosed. I acknowledge that providing incorrect information or withholding relevant information may result in the University withdrawing any offer of a place and that withdrawal may take place at any stage during the course of study.

Signature of Applicant\_\_\_\_\_ date: \_\_\_\_/\_\_\_\_/\_\_\_\_

APPLICATION CHECKLIST:

Please ensure that you have done the following:

- 1. Attached a passport size photo on form.
- 2. Sent reference letters to the Director, Dean of Studies, Lahiba University Institute.
- 3. Attached photocopies of both Academic and Professional certificates on each duly completed form.
- 4. Attached photocopies of your transcripts

**NOTE:** Once your application is received at the campus and confirmed as complete, it will be forwarded to the office of the Director, Dean of Studies for further action.

4 To Be Completed By the University

RECEIPT OF APPLICATION FORM

Date of receipt:\_\_\_\_/ \_\_\_\_/\_\_\_\_

Name of receiving officer: \_\_\_\_\_

The Department/Faculty of\_\_\_\_\_

Recommends that the above application be:

i. **Accepted**, and can confirm that\_\_\_\_\_

has agreed to act as Academic Adviser.

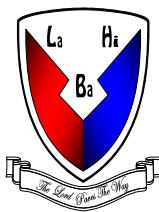
Or

ii. **Rejected**

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

Please print name: \_\_\_\_\_

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



LAHIBA UNIVERSITY  
INSTITUTE  
BAMENDA,  
CAMEROON

Student  
Photograph

Application for  
Graduate Admission  
2024/2025

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1 Personal Details

Surname/Family Name: \_\_\_\_\_

Other Names \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Day month year

Gender: ☐ Male ☐ Female

Marital Status: ☐ Single ☐ Married ☐ others

Citizenship: \_\_\_\_\_

ID/Passport N° \_\_\_\_\_

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

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

Fax: \_\_\_\_\_

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

\_\_\_\_\_

Permanent Address (if different from the Current address)

2 Previous and Current Education

I. SECONDARY/HIGH SCHOOL (S) ATTENDED:


**II. UNIVERSITY EDUCATION OR EQUIVALENT QUALIFICATIONS OBTAINED:**

State the dates you attended University and the degrees you obtained including the classification. (Attach to the certificates and academic transcripts showing the grades obtained in each course).

**a. FIRST DEGREE:**

- i. University Attended:\_\_\_\_\_
- ii. Dates Attended:\_\_\_\_\_
- iii. Field of Study:\_\_\_\_\_  
(e.g. Accounting & Taxation, Finance & Investment, Digital Marketing, etc)
- iv. Degree Awarded:\_\_\_\_\_  
(e.g. B.Tech. Upper 2<sup>nd</sup> Class Honours)
- v. Date awarded:\_\_\_\_\_

**b. SECOND DEGREE:**

- i. University Attended:\_\_\_\_\_
- ii. Dates Attended:\_\_\_\_\_
- iii. Field of Study:\_\_\_\_\_  
(e.g. Accounting & Taxation, Finance & Investment, Digital Marketing, etc)
- iv. Degree Awarded:\_\_\_\_\_  
(e.g. B.Tech. Upper 2<sup>nd</sup> Class Honours)
- v. Date awarded:\_\_\_\_\_

**c. OTHER DEGREE/DIPLOMA (where applicable):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**d. RESEARCH EXPERIENCE (if any)**

(List of publications, research reports, dissertation, thesis etc). attach separate sheet if necessary).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**e. EMPLOYMENT RECORD:**

Position	Place of Employment	date of Emploment (From - To)	
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**f. What languages do you speak?**

\_\_\_\_\_

**3 Application Details:**

Admission is requested as follows:

**MBA AND M.Ed PROGRAMMES**

**Department of Accountancy**

- ☐ Accounting and Taxation (ATA)
- ☐ Accountancy, Auditing and Internal Control (ACAU)

**Department of Banking and Finance**

- ☐ Finance and Investment (FIN)
- ☐ MicroFinance Management (MFIM)

**Department of Marketing**

- ☐ Digital and International Marketing (DIIM)

**Department of Management**

- ☐ Local Government Management (LGM)
- ☐ Operations and Supply Chain Mgt (OSCM)
- ☐ Human Resource Management (HRM)
- ☐ Project Management (PRM)
- ☐ Health Policy Management (HPM)
- ☐ Information and Communication Mgt

**M.Ed PROGRAMMES**

- ☐ Curriculum Studies and Teaching (CST)
- ☐ Educational Admin. and Management
- ☐ Clinical Counseling (CLIC)

i. Indicate how you intend to finance your studies:

\_\_\_\_\_

**III. ACADEMIC REFEREES**

Request your referees to write confidential report directly to the Director, Dean of Studies-email. Give names, contacts and designation of two referees.

**REFEREE 1**

Name, Title and Address:\_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

**REFEREE 2**

Name, Title and Address:\_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_