UNIVERSITY OF BUEA P.O. BOX 63 BUEA, CAMEROON



FORM UB HTTC HIGHER TEACHERS TRAINING

## **APPLICATION FORM**

**FIRST CYCLE** (DIPES I) **SECOND CYCLE** (DIPES II, DIPEES II, DIPCO II AND DIPEN II) Recent Passport Size Photograph (Coloured)

Please complete this form carefully as directed in the accompanying notes.

1.	PERSONAL DATA	
a)	Name (As on birth certificate)	_
b) (	Contact Address:	_
Tel	E-Mail (Mandatory):	
(c)	Sex:(d) Date of Birth (day, Month, Year):	
(e)	Place of Birth:	_
(f)	Sub-division, Division and Region of Origin:	
(g)	Nationality (for non-Cameroonians):	_
(h)	Marital Status (Married or Single):(i) Name of Spouse (if married)	
(j)	Religion: Denomination:	

#### 2. OTHER PERSONAL DATA

a)	Parent's Name (i) Father:				
	(ii) Mother:				
b)	Name and address of Parents/Guardian or Next-of-Kin:				
c)	Parent/Guardian's occupation:				
	Tel:				
d)	Person to contact in case of emergency:				
e)	Student's Mailing Address (if different from above)				
f)	Extracurricular Activities (e.g sports/hobbies)				

#### 3. PROGRAMME OF CHOICE

### a) **DIPES I**

Name of Department/Programme		Choice (please tick the one that applies)		
Bilingual Letters				
Biology				
Chemistry				
Computer Science	Fundamental Computer science			
	Information, Communication, Technology			
Economics				
English Modern Letter	S			
French Modern Letter	French Modern Letters			
Geography	Geography			
Geology				
History				
Mathematics				
Physics				

LEVEL	CENTRE NO.	CENTRE NAME	CANDIDATE NO
MMMBE#buea.cm			
A/L/BACC			

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# b) DIPES II, DIPEES II, DIPCO II and DIPEN II

Name of Department	Choice (please tick the one that applies)		
Bilingual Letters			
Biology			
Chemistry			
Computer Science	Fundamental Computer science		
	Information, Communication, Technology		
Economics			
English Modern Letter			
French Modern Letter			
Geography			
Geology			
Guidance & Counsellin			
History			
Mathematics			
Philosophy			
Physics			
Science Education	Science Education		
Special Needs Educati	on		

#### 4. ACADEMIC PROFILE

Name of Institution Period		Qualification Obtained	
Secondary School	From	То	
W 1 0 1 1			
High School	From	То	
University	From	То	
Relevant experience	From	То	

## 5. EXAMINATIONS PASSED

## Details of results obtained

S/N	ORDINARY LEVEL SUBJECTS	GRADE	ADVANCED LEVEL SUBJECTS	GRADE

#### UNIVERSITY EDUCATION /TRAINING

Institution and Location	Year	Field(s) of Study	Degree/Class	GPA/Grade Average

## 6. SPECIAL APPLICANTS

Which of the following disabilities do you have?

Blindness 🗌 Deafness 💭 Dumbness 🗌 Lameness 💭 Others 🗌	Blindness	Deafness	Dumbness		Lameness	Others	
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## 7. REQUIREMENTS

The following documents should accompany the application from:

- a) Certified true copy of birth certificate dated not more than six (6) months.
- b) Certified copies of all certificates obtained
- c) A Medical Certificate issued by a state medical officer attesting to the candidate's physical fitness to

teach.

- d) A Certificate of disability for physically challenged applicants.
- e) A receipt upon payment of twenty thousand (20,000) FCFA as non-refundable application fee issued by the NFC Bank, Account Number: 10025 00043 17101147450 61 (Swift Code: NAFCCMCY; Account Holder: UNIVERSITY OF BUEA HIGHER TEACHERS TRAINING COLLEGE. NB: No other form of payment shall be accepted).
- f) A letter of sponsorship from a verifiable accredited Private Educational Institution.
- g) Two passport photographs (to be affixed on the application form)
- h) An attestation of, or a receipt showing application for equivalence for candidates with a foreign certificate
- i) An A4 stamped self-addressed envelope.

#### Additional documents for DIPES II include:

- j) Transcripts of levels, I, II and III of the bachelor's degree or Licence results, certified by a competent Academic Authority of the University that awarded the degree.
- k) A certified copy of the bachelor's degree or Licence certified by the competent Academic Authority.

#### (Do not submit originals of certificates 2 and 3)

#### 8. DECLARATION

I, \_\_\_\_\_\_\_\_ hereby declare that all information in this form is correct to the best of my knowledge. Any false or incomplete information given in this form will automatically disqualify me from being considered for admission to or continuing with any course of study at the University of Buea. I shall accept the decision of the University as final with regard to my Department/Programme of study.

Legalized Signature\_\_\_\_\_

Date \_\_\_\_\_

Complete application files should be submitted to Rooms 212 or 214 of the Higher Teachers Training College of the University of Buea on or before **Friday, 13th December 2024 at 3.30 PM**. Applications received after this date will not be processed

www.ubuea.cm