## **University of Buea**



| Application No. |  |
|-----------------|--|

| Perso | onal Informat                               | tion  |                         |                       |                         |                     |  |  |
|-------|---|---|-------------------------|-----------------------|-------------------------|---------------------|--|--|
| 1.    | SurnameOther names                          |   |                         |                       |                         |                     |  |  |
| 2.    |   |   |                         |                       |                         |                     |  |  |
| 3.    |   |   | Level                   |                       |                         |                     |  |  |
| 4.    | Date of Bir                                 | th  | Place of Birth          |                       |                         |                     |  |  |
| 5.    | School last attended                        |   |                         |                       |                         |                     |  |  |
| 6.    | Major Sports / Games of interest            |   |                         |                       |                         |                     |  |  |
| 7.    | Have any Physical disabilities              |   |                         |                       |                         |                     |  |  |
| 8.    | Drugs prescribed in case of emergency       |   |                         |                       |                         |                     |  |  |
| 9.    | Sub-division of originDivision of origin    |   |                         |                       |                         |                     |  |  |
| 10.   | Region of origin                            |   |                         |                       |                         |                     |  |  |
| 11.   | Nearest contact address incase of emergency |   |                         |                       |                         |                     |  |  |
| 12.   | Guardian /                                  | Parent Address  | 125 49                  | 3                     | To Z                    |                     |  |  |
| 13.   | Telephone                                   | No  | 1 2                     | Jan 1                 | 0 7                     |                     |  |  |
| 14.   | Meal comb                                   | oination  | V/ 576                  | 11/02                 | 0 0                     |                     |  |  |
|       | Group                                       | Description   | First Semester 1        | 29 days (amount)      | Second semester 11      | .6 days (amount)    |  |  |
|       | Α   | Breakfast   | 250F                    | 32,250F               | 250F                    | 29,500F             |  |  |
|       | В   | Dinner  | 500F                    | 64,500F               | 500F                    | 59,000F             |  |  |
|       | С   | Breakfast and Dinner  | 750F                    | 96,750F               | 750F                    | 88,500F             |  |  |
|       | *   | The cost of accommodation in 12,000; a month (October to restaur) for the mot semester and water to say |                         |                       |                         |                     |  |  |
|       |   | for the second semester)  |                         |                       |                         |                     |  |  |
|       | *   | * Students shall pay a refundable caution fee of 15,000F  |                         |                       |                         |                     |  |  |
| Unde  | ertaking                                    |   |                         |                       |                         |                     |  |  |
| I dec | lare on my ho                               | onour that the informati  | on given above is to t  | he best of my knowle  | edge correct. I promise | that if allocated a |  |  |
| room  | ı, I shall abide                            | e by the rules and regula   | itions governing stay i | n the Halls of Reside | nce and pay for any da  | mages caused during |  |  |
| my st | tay in the Hal                              | ls of Residence and in th   | ie room                 |                       |                         |                     |  |  |
|       |   |   |                         |                       |                         |                     |  |  |
| Signa | iture of Stude                              | ent   |                         | Date                  |                         |                     |  |  |
|       |   |   | Officia                 | l use only            |                         |                     |  |  |
|       |   |   | Decision o              | f Commission          |                         |                     |  |  |
| Date  | te received Accommodation                   |   |                         |                       |                         |                     |  |  |
| Assig | signedRejected                              |   |                         |                       |                         |                     |  |  |