

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 <i>(please tick the one that applies)</i>
Bilingual Letters		
Biology		
Chemistry		
Computer Science	Fundamental Computer science	
	Information, Communication, Technology	
Economics		
English Modern Letters		
French Modern Letters		
Geography		
Geology		
History		
Mathematics		
Natural Science		
Physics		

LEVEL	CENTRE NO.	CENTRE NAME	CANDIDATE NO
O/L/BEPC			
A/L/BACC			

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

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 Letters		
French Modern Letters		
Geography		
Geology		
Guidance & Counselling		
History		
Mathematics		
Natural Science		
Philosophy		
Physics		
Science of Education		
Special Needs Education		

4. ACADEMIC PROFILE

Name of Institution	Period		Qualification Obtained
	From	To	
Secondary School			
High School			
University			

Relevant experience	From	To	

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 ☐

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

