Registration Fee
for package & Test
US$ 25.00

Registrar's Office Contact
0880 510 970

CUTTINGTON UNIVERSITY

SUAKOKO, BONG COUNTY
P. O. BOX 10-277
1000 MONROVIA 10, LIBERIA

PLACEMENT TEST REGISTRATION FORM

PHOTO

NO: ___________

NOTE: This form should be completed and returned to the CUTTINGTON UNIVERSITY REGISTRAR'S OFFICE IN SUAKOKO, BONG COUNTY.

1. Name: ____
Last First Middle
(PLEASE PRINT)

2. Age: ___________ Sex: Male [ ] Female [ ]

3. Name the Senior High School completed____
____

4. Year you completed Senior High School____

5. State your WAEC Certificate Number____

6. Which Division of WAEC Certificate did you earn?
(a) Division I [ ] (b) Division II [ ] (c) Division III [ ]

7. Which Testing Center is most convenient for you?

(a) CU GRADUATE SCHOOL (Monrovia) [ ] (b) CUTTINGTON MAIN CAMPUS (Suakoko) [ ]
(c) CUTTINGTON JUNIOR COLLEGE (KAKATA)

SIGNED:____________________________
REGISTRAR
CUTTINGTON UNIVERSITY

____
DATE

NOTE: **APPLICANTS WITH WAEC CERTIFICATE DIVISION I & II ARE EXEMPTED FROM TAKING THE APTITUDE TEST. FOR APPLICANTS IN THE UNITED STATES AND OUTSIDE AFRICA, A HIGH SCHOOL DIPLOMA FROM A REPUTABLE SCHOOL IS ACCEPTABLE.**

CUTTINGTON UNIVERSITY

ADMISSION APPLICATION

1. **Name** ____
   Last First Middle Maiden
2. **Current Mailing Address**____
   ____
3. **Mother's name**__________________________**Address**_______________________**Living? Yes{ } No{ }**
   Father's name __________________________**Address** _______________________**Living? Yes { } No{ }**
4. **Parent/Guardian's Address**____
   ____
5. **When do you intend to enroll at Cuttington University? Indicate Semester and Year**__________________________
6. **Condition of Admission: Regular Student ( ) Transfer Student ( ) check one**
7. **Category of Student: Local check( ) Foreign check( )**
8. **Academic Program Desired: Major**__________________________ **Minor**_________________________
9. **Date of Birth**______________________________ **Sex: Male { } Female { } Married: Yes { } No { }**
   County of Birth________________ **City of Birth**__________________ **County of Origin**______________
   Country of Origin_________________________ **Country of Citizenship**__________________________
10. **Last High School Attended**____
    Date Attended________________________________ **WAEC Results: Division I { } II { } III { }**
    School Address____
11. **Previous Institution or University Attended**____
    Name____ **Date Attended**___________________________
    Address____
12. **Religious Affiliation/ Denomination**____**Islam**__________
    (Name of Church if Christian)
13. **How will your education at CUTTINGTON UNIVERSITY be financed?**
    Scholarship________**Parents**________**Self**_______
14. **Have you ever been placed on probation, suspension or dismissed from any school?**
    Yes________ **No**__________ **If yes, explain on a separate sheet and sign.**
15. **If you have been out of school for several years, attach a signed statement of your activities during that period.**
16. **Will you abide by all the rules and regulations of CUTTINGTON UNIVERSITY? Yes { } No { }**

17. Have any of your relatives ever attended Cuttington? Yes {   } Name & Year _______________ No {   }

I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.
Signed :____ Date :____________________________

OFFICE OF THE REGISTRAR & DEAN OF ADMISSIONS
CUTTINGTON UNIVERSITY

SUAKOKO, BONG COUNTY
P. O. BOX 10-0277

PRINCIPAL'S RECOMMENDATION FORM

Student's Name:____
Last First Middle

Name of School____

Location______________________________

Dear Principal / School Head:

The student named above is applying for admission to CUTTINGTON UNIVERSITY. In order for us to have a clear understanding of his/her academic ability and other qualities, we are requesting that you comment on the applicant's academic records, deportment and other characteristics that you know would be related to his/her success in College or University.

A transcript covering the last three (3) years of high school work should accompany this form. Thank you for your assistance.

I. Comment:

II. Compared to other high school students you have taught or known how would you rate the applicant?

CHARACTERISTICS	LOWER 50%	UPPER 50%	UPPER 10%	UPPER 5%
Academic ability				
Oral expression skills				
Written expression skills				
Desire to achieve				
Leadership skills				
Independence and initiative				
Potential for success				
Ability to work with others				
Easy to adjust				
General deportment				

III. This applicant ranks_______________ from top in class numbering________________ students. The rank covers the period from _________________________ to ___________________________.
Month Year Month Year

Length of time acquainted with applicant:___________________ Date:_________________________.

IV. I fairly, strongly, (do/do not) recommend this applicant for admission to the CUTTINGTON UNIVERSITY.

Name:_______________________________ Position:_____________________________
Signed:______________________________ Date:_______________________________

OFFICE OF THE REGISTRAR & DEAN OF ADMISSIONS

CUTTINGTON UNIVERSITY

SUAKOKO, BONG COUNTY
P.O. BOX
1000 MONROVIA 10, LIBERIA

MEDICAL FORM

PART I

Applicant must complete both pages of this form before visiting a Physician.
Please print-Use Block Letters.

Date:____

Name in full:____

Home Address:____

Date of Birth:_________________________________ Age:____________ Sex: ___________
The following questions are to be an aid to the examining Physician.

If you can answer YES to the questions, which follow, encircle the YES.
If you must answer NO to the question, encircle the NO.

Answer all questions. If you are not certain, a probable answer.

Do you need eyeglasses to read?……………………………………………	**Yes**	**No**
Have you ever had a severe running ear?…………………………………...	**Yes**	**No**
Do you have difficulty in hearing?………………………………………….	**Yes**	**No**
Is your nose continually congested?………………………………………..	**Yes**	**No**
Do you frequently suffer from heavy chest colds?…………………………	**Yes**	**No**
Have you suffered from asthma?……………………………………………..	**Yes**	**No**
Have you ever coughed blood?……………………………………………….	**Yes**	**No**
Have you ever had tuberculosis?……………………………………………	**Yes**	**No**
Do you sometimes sweat heavily at night?…………………………………	**Yes**	**No**
Have you ever lived with anyone who had tuberculosis?………………….	**Yes**	**No**
Are you afflicted with bleeding gums?……………………………………..	**Yes**	**No**
Have you often had severe toothaches?…………………………………….	**Yes**	**No**
Are you often sick in your stomach?……………………………………….	**Yes**	**No**
Have you ever had severe bloody diarrhea?……………………………….	**Yes**	**No**
Were you ever troubled with intestinal worms?……………………………	**Yes**	**No**
Have you ever had jaundice (yellow skin and eyes)?………………………	**Yes**	**No**
Do you have headaches frequently?………………………………………..	**Yes**	**No**
Have you had malaria?……….……………………………………………..	**Yes**	**No**
Have you ever been treated for venereal diseases?…………………………	**Yes**	**No**
Do you have to get up every night to urinate?…………………………….	**Yes**	**No**

Do you have diabetes (sugar disease)?…………………………………... **Yes No**
Have you had any surgery?…………………………………………………. **Yes No**
(If yes, describe it):
Does severe itching often bother you?…………………………………. **Yes No**

(If yes, describe it): **Yes No**
Have you had a serious injury?…………………………………………..
(If yes, describe it): **Yes No**
Do you suffer from allergy?………………………………………………
(If yes, describe it):

The following questions are to be answered by female applicants only.

Yes No
Are your menstrual periods usually painful?………………………………. **Yes No**
Do you generally feel weak or sick during your periods?………………….. **Yes No**
Have you often been troubled with vaginal discharge?…………………….. **Yes No**
Are your menstrual periods irregular?………………………………………
Any explanation or comment which the applicant might like to add:

Applicants' signature:__________________

PART II

This part of the form is to be completed only by the examining Physician. When completed, both parts II and I should be returned to the applicant in a sealed envelope.

To the Physician: Part I of the Medical Form filled out by the applicant is to help you to obtain a medical history of the applicant. The following space is for you to comment on any of the questions to which the applicant answered YES.

Date Applicant Immunized for:

BCJ Vaccination……………………. Tetanus……………………Yellow Fever………………………..
Diphtheria………………….. Poliomyelitis…………………………Measles………………………….

Comment on Immunization:____

List any known disease the applicant has: ____

Will the applicant be undergoing medical treatment within the next year, to the best of your knowledge? Please explain.

Weight…………………………Height………………Blood Pressure…………………………..
Pulse……………………………Eyes…………..…Left………………… Right…………………..

Teeth	**Heart**
Skin	**Lungs**
Ears	**Abdomen**
Nose	**Liver**
Throat	**Genitalia**
Neck	**Rectum**
Breast	**Extremities**
Chest	**Neurological**
	Kidney

LAB:
1) **Urine**
2) **Stool**
3) **Chest X-Ray**
4) **Hemoglobin**
5) **Tuberculin Test (must be done before admission can be final)**

In your opinion, is the applicant fit to take part in the life of an academic community?

Name of examining Physician (Please use block letters) and address:

____

____

____

Signature:____________________ Date:_____________ License Number:_________________

APPLICANT SHOULD GO TO AGAPE CLINIC ON CUTTINGTON MAIN CAMPUS, SUAKOKO, BONG COUNTY TO COMPLETE THIS MEDICAL FORM.

NOTE: IF APPLICANT IS OUTSIDE LIBERIA, PLEASE CONSULT A REPUTABLE MEDICAL ESTABLISHMENT IN YOUR COUNTRY OR REGION.