



Université Internationale de Grand-Bassam

International University of Grand-Bassam

Applicant Name: _____
Desired Entrance Date: Semester : _____ Year : _____



Application Form

Picture of Applicant

Color
1.5 x 1.25 in
or 38 x 32 mm

| | |
|-------------------------|--|
| For office use only : | Date _____ |
| Date of Interview _____ | Proof of payment verification by Business Office |
| Decision _____ | Name/Title _____ |
| Method of payment _____ | Signature _____ |
| Name/Title _____ | Date _____ |
| Signature _____ | |

Program Requested (Degree or Certificate Sought)
Department of Interest after preparatory year
Check one (Non-binding choice at this time.)

- Business Administration
- Computer Science
- International Relations and Strategic Studies
- Non-degree program (specify course) _____

Date of last application to IUGB (Semester/Year) _____ / _____ Dates
of previous attendance at IUGB
(Semesters/Years) _____ / _____

Full name of applicant (This is your legal name and the way your name will appear on any certificates or diplomas earned.)

Full maiden name _____
Date of birth (D/M/Y) _____ / _____ / _____
Nationality(ies) (other if any) _____
ID Document Type (National ID, passport or travel document) Circle one or list other _____
Attach a photocopy of the document named. Bring the original for verification when submitting the completed form. Give the Number on the document named above. _____
Expiration Date of ID Document (must be valid for a minimum of a year from the expected date of school entry) _____
Gender (check one) ___ Male ___ Female
Profession (if any) _____

Marital status (check one) ___ Single ___ Married
___ Divorced ___ Widowed

Number of dependents _____
Specify religious preference (optional) _____
Geographic address and contacts of **applicant**
Number and Street _____

Neighborhood _____
City/Country _____ / _____
Landline phone _____
Office phone _____
Mobile _____
FAX _____
Email _____
Father's Name _____
Mother's Name _____
Postal address for all school correspondence
(This will include all grade reports.)
Name to whom reports should be addressed _____

Postal Box or Number and Street _____
City/Country _____ / _____
Name of person to contact in case of emergency:

Number and Street _____
Landline phone _____
Office _____
Mobile _____
FAX _____
Email _____

Applicant Name: _____

Desired Entrance Date: Semester : _____ Year : _____

Language Proficiency

Mother Tongue(s) List all _____
Please rate your proficiency from 0 to 5 for each language on the following scale: 0 = novice, 5 = native proficiency)

| Language | Spoken | Written | Understood |
|----------|--------|---------|------------|
| English | | | |
| French | | | |
| Other | | | |
| | | | |
| | | | |
| | | | |

Standardized Test Results (Submit proof for each of the test results you have taken.)

| Test | Score | Date |
|-----------------------------|-------|------|
| GRE | | |
| GMAT | | |
| TOEFL | | |
| SAT | | |
| IELTS | | |
| Cambridge First Certificate | | |
| Cambridge Proficiency | | |
| Others (Specify) | | |
| | | |

Work Experience

| Title | Description of responsibilities | Employer | Dates | Full / part time |
|-------|---------------------------------|----------|-------|------------------|
| | | | | |
| | | | | |
| | | | | |

Training (List all schools attended in reverse chronological order.)

| Institution | Location | Dates | Degree |
|-------------|----------|-------|--------|
| | | | |
| | | | |
| | | | |

Personal and Community Activities (Include church, clubs, associations, voluntary assistance, etc.)

| Description of activity | Dates | Time dedicated to this activity per month | Position |
|-------------------------|-------|---|----------|
| | | | |
| | | | |
| | | | |

Applicant Name: _____

Desired Entrance Date: Semester : _____ Year : _____

Ability to pay

Source of Finances of applicant : (List all) _____

Name of financial guarantor: _____

Number/Street or Office or Postal Address _____

City / Country _____ / _____

Type of payment sources (check all appropriate and complete where indicated)

Family relationship to applicant) _____

type of contract (full/part time) _____

Personal funds (Type) _____

Name of Employer providing support _____

Scholarship (indicate source and amount) Source _____ Amount _____

Willing to work for tuition reduction (work study) Check one ____ YES ____ NO

My signature below indicates that all information in this application is complete, factually correct, and honestly presented. I hereby acknowledge that any false declaration or omission of information in my admission documents can be a basis for expulsion.

Signature _____ Date _____

UIGB is committed to administer all educational policies and activities without discrimination on the basis of social standing, race, color, religion, national or ethnic origin, age, handicap, or gender.