



WEST AFRICAN UNION UNIVERSITY

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ATTACH PASSPORT
PHOTOGRAPH HERE

APPLICATION FORM FOR UNDER – GRADUATE PROGRAMME

Fiche d'Inscription

1. SURNAME/NOM:.....
2. OTHER NAMES/PRENOMS:.....
3. DATE OF BIRTH/DATE DE NAISSANCE:.....SEX:.....
4. NATIONALITY/NATIONALITE:.....RELIGION:.....
5. CITY/VILLE:.....
6. COUNTRY/PAYS:.....
7. HOME PHONE NUMBER/TELEPHONE DANS VOTRE PAYS D'ORIGINE:.....
8. HOME ADDRESS/ADRESSE DANS VOTRE PAYS D'ORIGINE:.....
9. E-MAIL ADDRESS:.....
10. NATIONAL ID CARD/PASSPORT NUMBER/NUMERO DE LA PIECE D'IDENTITE:.....
11. KNOWLEDGE OF FOREIGN LANGUAGE/DIFFERENTES LANGUAGES ENTRANGERES
PARLES:.....
12. YEAR OF ENTRY:.....SESSION:.....
13. PURPOSED COURSE OF STUDY

1ST CHOICE:.....	FACULTY:.....
2ND CHOICE:.....	FACULTY:.....
14. PROGRAMME APPLIED FOR (TICK AS APPROPRIATE)

DIPLOMA: <input type="checkbox"/>	DEGREE: <input type="checkbox"/>
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15. MODE OF STUDY

FULL: <input type="checkbox"/>	PART TIME: <input type="checkbox"/>
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NATIONAL ENDORSEMENT SELECTION

[For Foreign Student Only]

Student's Home Country:.....

Address of the Country's Embassy in Republic of Benin:.....

Officer in charge of Student's from Home Country:.....

Telephone No:.....E-mail:.....

National ID Card No of Student:.....

Home Country Club/Society Affiliation (if any):.....

Address of Secretariat:.....

.....
Name of Embassy Official
On attendance

.....
Signature of the Official

.....
Country's Embassy Stamp/Seal

OFFICIAL USE ONLY

**COMMENT FROM THE ADMISSION
OFFICER**

**COMMENT FROM THE STUDENT
AFFAIRS' OFFICER**

Signature of Student Affairs' Officer

Signature of Admission Officer



16. SCHOOL ATTENDED WITH DATES

S/N	NAME OF SCHOOL	FROM	TO

17. ACADEMIC QUALIFICATIONS GCE/WASSCE/NECO SSCE/NABTEB RESULTS

SUBJECT	GRADE	SUBJECT	GRADE	OTHER EQUIVALENT QUALIFICATION

N.B: Enclose certified photocopies of your certificates/internet print outs

18. POST SECONDARY ACADEMIC QUALIFICATIONS (DIRECT ENTRY STUDENTS ONLY)

INSTITUTION	DEPARTMENT	GRADE	A' LEVEL SUBJECT FOR GCE A' LEVEL CANDIDATE	OTHER EQUIVALENT QUALIFICATIONS

N.B: Enclose certified photocopies of your certificates/statement of results

19. EMPLOYMENT DETAILS:-

- Are you currently employed Yes No
- How many years of full time employment will you have completed by the end of this year?

NAME OF EMPLOYER	JOB TITLE	PERIOD EMPLOYED

20. SPONSOR (IF ANY)

S/N	NAME	RELATIONSHIP	ADDRESS/TELEPHONE NO.

21. MEMBERSHIP OF PROFESSIONAL BODIES
(Attach Separate Sheet If Necessary)

NAME OF PROFESSIONAL BODIES	QUALIFICATION(S)	DATES AWARDED

LEGAL DECLARATION OF INDEMNITY AND UNDERTAKING

I (Sex)..... (Religion)

acknowledged that the University does not accept responsibility for damage or loss in respect of property of the applicant or in respect of property brought into the University premises by the applicant.

- (1) Undertake, during the orientation period and for any period during which I am a registered student, to be bound by the rules and regulations of the University including the rules and regulations of any of the University's hall of residence, club or society to which I may be admitted or become a member and by any Requirement or condition imposed by the University on me as a prerequisite to my registration as a student of the University in any faculty.
- (2) Certify that the information provided in this form and all supporting documentation are accurate and acknowledge that furnishing any false information may result in expulsion and any other disciplinary proceedings being taken against the applicant at any time this is detected.
- (3) Declared that I have furnished the University with all the information necessary to make an informed decision about my admission.
- (4) Undertaken to pay unconditionally all fees, charges and equipment surcharges payable to the University as they are due for payment, for any period for which I am or may become a registered student of the University.

Signature of Applicant/Date:

Candidate is to bring forward a letter of attestation of good conduct to be signed by his or her parent/guardian