

FRANTZ FANON UNIVERSITY

APPLICATION FORM

Print and Mail or Email; Incomplete or illegible Forms will NOT be processed.

PERSONAL INFORMATION

FIRST NAME: _____ MIDDLE: _____ LAST: _____

CHECK ONE:

MALE FEMALE

DATE OF BIRTH: ____ / ____ / ____
 Day Month Year

HOME TEL. #: () _____ - _____

ALTERNATE TEL. #: () _____ - _____

COUNTRY OF CITIZENSHIP: _____

Visa Status: _____

EMAIL ADDRESS: _____ @ _____ . _____

MAILING ADDRESS:

STREET ADDRESS: _____

CITY: _____ PROVINCE/STATE: _____ POSTAL/ZIP: _____ COUNTRY: _____

NAME AND DETAILS OF TWO REFERENCES:

1ST REFERENCE:

FIRST NAME: _____ LAST NAME: _____

HOME TEL #: _____ WORK TEL #: _____

EMAIL ADDRESS: _____ @ _____ . _____

2ND REFERENCE:

FIRST NAME: _____ LAST NAME: _____

HOME TEL #: _____ WORK TEL #: _____

EMAIL ADDRESS: _____ @ _____ . _____

ACADEMIC HISTORY

LIST ALL UNIVERSITIES ATTENDED – INCLUDING CURRENT STUDIES. FOR SECONDARY/HIGHSCHOOL STUDENTS, STATE THE NAME OF THE SECONDARY /HIGHSCHOOL, IN ADDITION TO EXPECTED DATE OF GRADUATION.

DATE		NAME OF INSTITUTION	PROGRAM LENGTH	OFFICIAL NAME OF DIPLOMA/DEGREE	CITY	COUNTRY
FROM	TO					

*NOTE: To be eligible for admission, send or present official transcript(s) from each college, universities or secondary schools you attended. Failure to list all schools, colleges and universities may make you ineligible for admission. Your application will not be reviewed until all required documents are presented with the completed application form.. Attach a separate sheet if necessary.

INTENDED PROGRAM FOR ADMISSION

INTENDED PROGRAM OF STUDY: CHECK ONE:

- **Faculty of Medicine & Allied Programs**
 - Name of Program: _____
- **Faculty of Behavioral Sciences**
 - Name of Program: _____
- **Faculty of Public Health**
 - Name of Program: _____
- **Faculty of Social Sciences**
 - Name of Program: _____
- **Faculty of Special Programs**
 - Name of Program: _____
- **Diploma Program**
 - Name of Program: _____

PROPOSED TERM OF ENROLLMENT:

JANUARY MARCH SEPTEMBER

ADMISSION CATEGORY:

FRESHMAN TRANSFER RE-ADMIT

OTHER INFORMATION

HAVE YOU EVER BEEN WITHDRAWN FROM AN INSTITUTION? YES NO
IF YES, WHY?

HAVE YOU EVER BEEN ARRESTED OR CONVICTED? YES NO IF
YES, WHY?

HAVE YOU EVER BEEN TREATED FOR SUBSTANCE ABUSE? YES NO IF
YES, WHY?

PERSONAL STATEMENT REQUIRED OF ALL APPLICANTS

Instruction for Personal Statement:

1. Write a portrayal of yourself, your experiences, and why you want to study at Frantz Fanon University
2. Your statement must be 1 page minimum, 2 pages maximum
3. It should be typewritten in 12 point Times New Roman.
4. Attach your personal statement with the completed application.
5. Application lacking personal statement will not be reviewed.

Acknowledgements: From whom or where did you hear about Frantz Fanon University:

SIGNATURE:

DATE SIGNED:

By signing this form you confirm that all information provided is correct and true to the best of your knowledge