



African University Institute of Science and Technology

Douala Bekoko/Bakoko Yapaki



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PROGRAM/COURSE APPLICATION FORM

1. PERSONAL INFORMATION

Surname: _____ First/Given Name(s): _____

Gender _____

Title: _____

Date of birth (DD/MM/YYYY): _____ Nationality: _____

Email: _____ Mobile: _____

Physical Address: _____

Emergency contact: (Name) _____ Mobile: _____

2. EDUCATIONAL RECORD TO DATE (List your top three (3) qualifications):

i. _____ Year _____ School _____

ii. _____ Year _____ School _____

iii. _____ Year _____ School _____

3. PROGRAM/COURSE CHOICE (See Table 1 for courses offered)

Program Choice:

Course Choice (Please indicate your choice of course in order of preference):

i. Course Title 1: _____

ii. Course Title 2: _____

iii. Course Title 3: _____

SIGNATURE

I wish to apply for the course(s) as indicated above. I agree to abide by Cameroon Oncology Center School of Health Sciences' terms and conditions.

Signature: _____ Date: _____

NB: Submit this application form along with photocopies of your supporting educational qualifications, national identity card and birth certificate using the following email address: info@auist.org

***Only for residents from the University of Yaounde 1 or the University of Nigeria at Enugu.**