

ST. JOAN HIGHER INSTITUTE (SAJOHIM)

Nº: 23-01461/L/MINESUP/SG/DDES/ESUP/SDA/ANAP

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Director: **Mr. Nkwetta Derick Lekealem**

DD/ACC: **Mrs. Nahlela Linda Gwanvalla**

DAA: **Dr. Taku Nadesh Ashukem**

Dean: **Mr. Keune Yepmo K. Dentep**



REPUBLIC OF CAMEROON

Peace – Work – Fatherland

Ministry of Higher Education

Photo

4*4

/ /SAJOHIM/ DD/ACC/DAA/Dean

ADMISSION FORM

Name of Student: _____ Gender: _____

Address: _____ Phone No: _____

Region / Country of origin: _____ Place of Birth: _____

Name of Guardian: _____ Phone No: _____

Highest Qualification: _____ Previous School Attended: _____

YEAR AND NUMBER OF SUBJECTS PASSED:

GCE Ordinary level: _____ / _____ **GCE Advance level:** _____ / _____ **HND/HPD:** _____ / _____

Equivalent: (specify).....

*(Attach copies of certificates or results slip including NIC / transcript and 4 4*4 size photo)*

Warnings: False information may result in dismissal from the institution and cancellation of DIPLOMA/DEGREE or other Exam results.

Program Applied for: _____

Level of Program:.....Mode of Study:

Recommended by:.....Telephone:

(I accept responsibility for the veracity of the information that I have provided)

NIC No:Date.....**Student Sign:**

For Official Use Only:

Level of student		Matriculation No	
Tuition Fee Due		Admission Status	
Registration Fee Due		Date of Admission	
Interviewed by		Comment	

ADMINISTRATOR