



CATHOLIC UNIVERSITY OF HEALTH AND ALLIED SCIENCES

REGISTRATION FORM FOR CONTINUING UNDERGRADUATE STUDENTS

1 GENERAL INSTRUCTIONS

- 1.1 On behalf of the Catholic University of Health and Allied Sciences (CUHAS) I would like to take this opportunity again to welcome you to CUHAS after your long vacation.
- 1.2 For the academic year 2016/2017 all 2nd & 3rd year students with HESLB SPONSORSHIP, are required to pay in full **445,000/=** administration fee; and **1,050,000/=** your self contribution, in full at the beginning of the academic year or in two equal instalments at the beginning of each semester.
- 1.3 For the academic year 2016/2017 all 4th year students, with HESLB sponsorship, are required to pay in full **445,000/=** administration fee; and **910,000/=** your self contribution, in full at the beginning of the academic year or in two equal instalments at the beginning of each semester.
- 1.4 All 5th year students with HESLB sponsorship, are required to pay in full **445,000/=** administration fee; and **1,410,000/=** your self contribution, in full at the beginning of the academic year or in two equal instalments at the beginning of each semester.
- 1.5 All continuing **self sponsored** students are expected to pay in full **445,000/=** administration fee and the academic fee of **4,300,000/=** (2nd & 3rd year) and **4,160,000** (4th – 5th year) in full at the beginning of the academic year or in two equal instalments; at the beginning of each semester.
- 1.6 All finalist Students are required to pay **Graduation fee of 50,000/=** in addition to administration costs in full at the beginning of the year.
- 1.7 All moneys payable to the University should be paid directly into the University account presently with CRDB ([See Joining Instructions](#)).

2 PAYMENTS

Self Contribution: _____/= Receipt Number: _____

Bursar's Signature: _____ Date _____

3 REGISTRATION

Name of Student: _____ School: _____

Programme: _____ Academic Year: **2016/2017**

Sponsor: **GRANT/HESLB/SELF/IF OTHER** (State) _____

REGISTRATION NUMBER _____ (*School Dean to complete*)

Dean's Signature: _____ Date _____

SCHEDULE OF SELF CONTRIBUTION

	YR2	YR3	YR4	YR5
GRANT	1,495,000	1,495,000	1,355,000	1,905,000
HESLB	1,495,000	1,495,000	1,355,000	1,905,000