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Year of Admission      
 Fall  
 Spring  
 Summer

## ADMISSION APPLICATION

For the office Admissions

Application No:

Student ID :

Date:

**Personal Details:**

- 1- Name of Applicant: .....
- 2- Mother's Name: .....
- 3- Mailing Address: .....
- 4- City: ..... 5- Postal Code: .....
- 6- Mobile: ..... 7- Home Tel: .....
- 8- Emergency Tel: ..... 9- E-mail Address: .....
- 10- Date of Birth (DD/MM/YY): ..... 11- Sex :  Male  Female
- 12- Blood Group: ..... 13- Nationality: ..... 14- Passport No. : .....
- 15- NID No : ..... 16- Religion: .....
- 17- Applying as a:  
 Fresh  Transfer

**18- Program Applying For: (In Order of Preference)**

1) ..... 2) ..... 3) .....

**19- List all secondary schools and universities you have attended (Starting with the most recent) :**

Exam Name	Name of School/College/University	Board/University/ Country	Discipline	Passing Year	GPA/Division

TOEFL Score: ..... SAT Score: ..... IELTS Score: ..... GED Score: .....

**20- Work Experience** (Master's Program)

Organization & Address	Position/Title	Dates (From-To)	Supervisor's Name & Phone

**21- Extra Curricular Activities (If any) :** .....

22- Student's Source of Financing  Guardian  Self funded  Scholarship

23- Were your Parents Freedom Fighters?  No  Yes If yes, attach relevant documents

24- Do you have any sibling currently enrolled at CUB?  No  Yes If yes, ID Number(s):

25- Have you Previously attended any other private university?  
 No  Yes If yes, give particulars below

Name of the Program:

Name of the Institution:

26- I hereby accept that if admitted to Canadian University of Bangladesh, I will be bound by all the Rules and Regulations of the University and the Canadian University of Bangladesh Code of Conduct. I also understand that withholding or providing false information requested in this application form will make me ineligible for Admission into CUB and may even lead to Termination of Enrollment if admitted. I therefore certify that all the statements provided above are true and complete to the best of My Knowledge. I further acknowledge and accept that the CUB authority reserves the right to accept or reject my admission on the basis of previous academic records and my performance in the admission test.

<b>Signature of Applicant</b>	Date	DD	MM	YY

**27- Guardian Details:**

Name: .....

Address: .....

Mobile No.: .....

**28- Referred By:**

- Advertisements  CUB Website  Friends
- School Visits  Facebook
- CUB Representative (Name: ..... ) Others: .....

Important Note

No Application will be processed unless completed and signed by the applicant.  
 A complete Application package will include:

- Completed application form
- Three (3) recent passport sized colored photos
- Photocopies of all prior academic mark sheets/transcripts and certificates/testimonials.
- Photocopy of Parent's national ID/Passport No.
- Job Experience Certificate (for Master's applicant)

# Official Use Only

### 29- Scholarship :

Waiver allowed:

- General .....  Female waiver.....  Group waiver.....  Result ..... (GPA .....)
- Special .....  Siblings/Spouse .....  Reference .....  Freedom Fighter .....
- Artists/Sportsman .....  CUB Graduate .....  Others .....

### Is the admission recommended?

Yes  Conditional  
 Fully Accepted

If no, mention the reason : .....

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A d m i s s i o n O f f i c e

Date: / /

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Head of the Department

Date: / /

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Registrar

Date: / /

**Canadian University of Bangladesh**  
Main Campus: House 99 Road 11 Banani Dhaka Bangladesh

Hotline: 0170 7070 CUB(282)  
 [www.cub.edu.bd](http://www.cub.edu.bd)



## Admit Card

ROLL											Male		Female	
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### Name

- |                |  |
|----------------|--|
| <b>PROGRAM</b> | Undergraduate <input type="checkbox"/> CS <input type="checkbox"/> CIS <input type="checkbox"/> CSE <input type="checkbox"/> CSSE <input type="checkbox"/> CoE <input type="checkbox"/> EEE <input type="checkbox"/> BBA                             |
|                | <input type="checkbox"/> English <input type="checkbox"/> MMC <input type="checkbox"/> Econ. <input type="checkbox"/> LL.B <input type="checkbox"/> Arch <input type="checkbox"/> TFM <input type="checkbox"/> Pharma <input type="checkbox"/> Other |
|                | Graduate <input type="checkbox"/> MBA <input type="checkbox"/> Executive MBA <input type="checkbox"/> Other  |

Recent Passport Sized Photo  
(Colored)

**EXAM**                                  Date:                                  Time                                  AM/PM, Building

Authorized Signature