



WILLIAM V.S. TUBMAN UNIVERSITY

Tubman Town, MARYLAND COUNTY

MAILING: P.O. BOX 3570 HARPER, MARYLAND COUNTY, REPUBLIC OF LIBERIA, WEST AFRICA

Monrovia Office: 15th & Tubman Boulevard, Sinkor, Monrovia, Liberia

EMAIL: info@tubmanu.edu.lr WEBSITE: www.tubmanu.edu.lr

FIRST TIME APPLICANTS APPLICATION FORM

Sem. _____ Yr. _____

DIRECTION: Complete the form clearly.

1. Name: _____
Last Middle First Suffix
 2. Contact Number: _____ Email Address: _____
 3. Address: (Street) _____
(City) _____ (Country) _____
 4. Date of Birth: _____ / _____ / _____ Sex: Male Female
Month Day Year
 5. Citizenship: _____ If you are a Liberian Citizen, County: _____
 6. Name of High School from which you graduated: _____ Date: _____ / _____ / _____
Month Day Year
- List any additional high schools you attended and the dates you attended:
- | High School (s) and Address | Date Attended |
|-----------------------------|---------------|
| _____ | _____ |
| _____ | _____ |
7. When and where did you take the West African Examinations (WAEC)? _____ / _____ / _____ / _____
Month Day Year Place
 8. What are your scores? English _____ Literature _____ Biology _____ Economics _____
Chemistry _____ Mathematics _____ Physics _____ Geography _____ History _____
 9. At which Division did you pass the WAEC? Division I Division II Division III
 10. College Preference: College of Engineering & Technology College of Education
 College of Health Sciences College of Agriculture & Food Sciences
 College of Management & Administration College of Arts and Sciences
 11. What major or field are you planning to pursue? _____
 12. Name of post high school from which you have graduated, if any? _____ Date: _____ / _____ / _____
Month Day Year
 13. Who shall be responsible to pay for your education at Tubman University? _____
Relationship _____ Address _____ Contact _____
 14. Do you have any disability? Yes No If yes, please state disability: _____

If I would be accepted as a student of WVSTU, I promise to abide by all the rules and regulations of the University, and I recognize that failure to abide by such rules will subject me to the appropriate penalties including expulsion from the University.

_____ Date Received: _____
Name and Signature of Applicant

Submit application form to the:
OFFICE OF ADMISSIONS: Mr. Groba L. Williams
Cell. No. 0886749687/0886720937
Email: glwilliams@tubmanu.edu.lr