



# Lutheran University of Liberia

[lutheranuniversityofliberia.net](http://lutheranuniversityofliberia.net)

## Application Form

This application form must be completed for consideration for admission to the Lutheran University of Liberia (LUL).

1. Obtain the LUL Application form.
2. Pay the application fee of \$30 USD (\$100 USD for the Post Basic Program).  
Instructions are given below.
3. Complete and submit the application form along the necessary documents (see *Admission Requirements* below).
4. Sit entrance exam and pass (graduates of a LCL High School do NOT need to sit for the entrance exam)
5. Sit an interview and pass.
6. Obtain letter of admission from the University.
7. Deposit first payment tuition as prescribed by the University Administration to any designated bank in the Republic.
8. Return the deposit slip from the bank to the University finance office to obtain an official receipt.
9. Bring the official receipt when registering for classes.

### Admission requirements

1. Two recent passport size photos
2. Two letters of recommendation (one from your school and one from your community leader or church)
3. Transcript 10 – 12 grades (original)
4. WAEC Certificate (The card for verification is acceptable for admission however the original certificate must be presented within 1 year of admission. All colleges require the WAEC/WASSCE certificate indicate a passing grade in both English and Mathematics. Admission to the College of Health Sciences also requires a passing grade in Biology and Chemistry.)
5. High school Diploma (Must be presented within 4 months of admission.)
6. Handwritten letter of application

### Additional requirements for applicants to the College of Health Sciences

7. Health Certificate from a Lutheran Hospital (during registration if applicable)
8. Age range is 18 and 55 years (if applicable)
9. Must be indexed by LBNM (if applicable)
10. Birth certificate (if applicable)

**Payment Information**

All fees are to be paid in USD into the following account:

UBA Bank

Account Title: Lutheran University of Liberia

Account Number: 53020030005972

Name: \_\_\_\_\_ Sex: \_\_\_\_\_  
Last name Middle Name First name

Date of Birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
City County

Permanent Address: \_\_\_\_\_  
Community City County

Contact number: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_

Emergency contact phone: \_\_\_\_\_

Emergency contact address: \_\_\_\_\_

Previous School Attended: \_\_\_\_\_

Name of Sponsor/organization: \_\_\_\_\_

Any other previous professional education (start with most recent):

Name of School:	Location:	Years of attendance:	Degree/Diploma earned:
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

Previous professional work (start with most recent):

Employer name:	Date of employment:	Description of Duties:
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

Name and contact information for two persons (not relatives) who know your professional qualities and abilities and are willing to do reference check for you:

1. \_\_\_\_\_

2. \_\_\_\_\_

To which program are you applying (check only 1 box):

#### Totota Campus

- ☐ College of Theology - Theology
- ☐ College of Theology - Christian Education
- ☐ College of Theology - Christian Counseling
- ☐ College of Education – General Education
- ☐ College of Education – Primary Education
- ☐ College of Education – Secondary Education
- ☐ College of Education – Education Administration

#### Zorzor Campus

- ☐ College of Health Sciences – Nursing
- ☐ College of Health Sciences – Midwifery
- ☐ College of Health Sciences – Public Health

#### Phebe Campus

- ☐ College of Health Sciences – Nursing
- ☐ College of Health Sciences – Midwifery
- ☐ College of Health Sciences – Medical Laboratory
- ☐ College of Health Sciences – Anesthesia
- ☐ College of Health Sciences – Public Health
- ☐ College of Health Sciences – Pharmacy Technology
- ☐ College of Health Sciences – Nurse Midwifery

I, \_\_\_\_\_, desire admission to the Lutheran University of Liberia (LUL) and I attest to the accuracy of the information in this application. I understand that there are limitations to the number of students who can be accepted for admission and that my application does not guarantee admission to the LUL.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_