



REPUBLIC OF CAMEROON  
Pace-Work-Fatherland

Academic year :

UNIVERSITY OF YAOUNDE I

POSTGRADUATE SCHOOL OF SCIENCE,  
TECHNOLOGY AND GEOSCIENCES

(CRFD/STG)

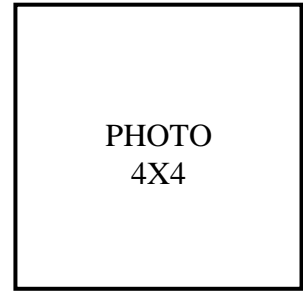


PHOTO  
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**DOCTORAL REGISTRATION FORM**

Host team (URFD).....

**1. Identity of the candidate**

Civility (Mr / Mrs / Ms):.....

Name :.....

Forename :.....

Date and place of birth:.....

**2. Address of the candidate**

Email :.....@.....Telephone:.....Fax:.....

POBox:.....

**3. Academic situation of the candidate**

First university year registration for thesis :.....

Last diploma obtained:.....

Year of graduation:.....Institution (University, Faculty, Department,) :.....

Discipline/speciality:.....

Last Master thesis defended (Title, supervisor) :.....

**4. Professional situation of the candidate**

Title of the position held:.....

Institution/ company :.....

Email :.....@.....Telephone:.....Fax:.....





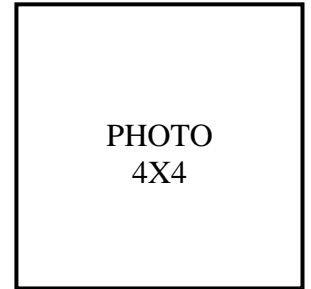
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**NEW REGISTRATION FORM  
DOCTORATE**

Host team (URFD).....

**Level :**

2<sup>nd</sup> Year

3<sup>rd</sup> Year

**First university year registration for thesis:**

**Identity of the candidate:**

Civility (Mr / Mrs / Ms):.....

Name :.....

Forename :.....

Date and place of birth:.....

N.I.C n° :.....issued on.....at.....

Civil status: single – married

**Address of the candidate**.....

Email :.....@.....Telephone:.....Fax:.....

**Professional situation of the candidate**

Title of the position held:.....

Institution/ company :.....

Email :.....@.....Telephone:.....Fax:.....

PO. Box:.....

.....

**Thesis project**

Title of the thesis project :.....

.....

Supervisor :.....Grade.....

Co-supervisor (if applicable):.....Grade .....

Laboratory / center / Research team attended during the preparation of the thesis:

In the native country:

Alternation / Cotutelle (if applicable):

.....

.....

Responsible(s) : .....Responsible(s) :.....

Email : .....Email :.....

Done at .....on the .....Signature of the candidate.....

**Thesis Director (s)**

**The Head of the Department**

**The URFD Coordinator**

**The CRFD Coordinator**



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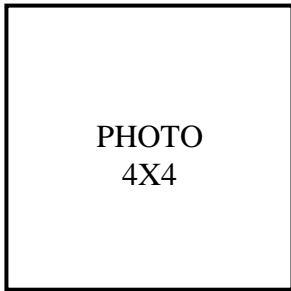


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**REGISTRATION FORM  
MASTER II**

Host team (URFD).....

Civility (Mr / Mrs / Ms):.....

Name :.....

Forename :.....

Date and place of birth:.....

N.I.C n° :.....issued on.....at.....

Civil status: single – married

**Address of the candidate**.....

Email :.....@.....Telephone:.....Fax:.....

**Professional situation of the candidate**

Title of the position held:.....

Institution/ company :.....

Email :.....@.....Telephone:.....Fax:.....

PO. Box:.....

**Academic curriculum since the Baccalaureate/GCA-Level**

Year of graduation of the Baccalaureate/GCA-Level :.....Grade obtained :.....

Year of graduation of the Bachelor Degree:..... Grade obtained .....

Year of graduation of Master I:..... Grade obtained .....

Number of years spent from Level I to Master II:.....

**Research project submitted to the URFD**

Title of the Master's thesis:.....  
.....

Supervisor of the Master's thesis ..... Grade.....

Co- Supervisor of the Master's thesis (if applicable):.....Grade.....

Laboratory / center / Research team attended during the preparation of the thesis:  
.....  
.....

Responsible(s) :..... Email : .....

**Done at .....on the .....Signature of the candidate.....**

**Master's thesis Director (s)**

**The Head of the Department**

**The URFD Coordinator**

**The CRFD Coordinator**