



EQUIVALENCE REQUEST FORM

Ref :

IDENTIFICATION			
Name(s) and surname(s)* :			
Birth date * :	_ _ _ _ _ _ _	Place of birth * :	
		(Town - Country)	
Address :		Country :	
Phone * :		E-mail :	
DIPLOMA/CERTIFICATE TO EVALUATE			
Diploma/Certificate to be evaluated * :			
Institution that * :			
awarded the diploma/certificate			
Session * :	_ _ _ _ _ _ _	Date of issue * :	_ _ _ _ _ _ _
Address * :		Country * :	
Zip code :		City :	
P.O. Box:		E-mail :	
Phone :		Fax :	
EXAMINATION CENTRE FOR FOREIGN EXAMS WRITTEN IN CAMEROON			
Address * :			
P.O. Box:		E-mail :	
Phone * :		Fax :	
PREVIOUS(DIPLOMA(S)/CERTIFICATE(S)			
N°	Year of graduation	Diploma/Certificate	Country
01	_ _ _ _
02	_ _ _ _
LIST OF DOCUMENTS ATTACHED <i>(Please make sure that each of the following is included in your application)</i>			
<input checked="" type="checkbox"/>	Equivalence Request Form *		Attestation of names if applicable
<input type="checkbox"/>	Certified copy of birth certificate *		Copy of thesis or dissertation (for doctorate and master)
<input type="checkbox"/>	3 photocopies of diploma/certificate presented *		Detailed and signed curriculum studiorum *
<input type="checkbox"/>	Certified photocopy of diploma/certificate obtained before the one to be evaluated *		2 authorization forms of the user to request information about him/her from the institution that issued the diploma/certificate *
<input type="checkbox"/>	Certified photocopy of diploma/certificate to the diploma to be evaluated + 3 photocopies of each diploma/certificate *		A CD containing all the elements of the file in digital format (1 file per item)*
<input type="checkbox"/>	Proof of residence in the country where the diploma was obtained during the training (Residence permit,) *		An A4 envelope bearing the name and address of the applicant *

* = Mandature
 NB : Incomplete files or file containing blank CD shall be systematically rejected.

AUTHORISATION TO INVESTIGATE

I, undersigned Mrs/Miss/Mr _____

Born on _____ at _____

N° of INC _____ issued on _____

Tel. _____

E-mail _____

Holder of the following Certificate(s) /Diploma(s).

1. _____
2. _____
3. _____
4. _____
5. _____

Authorizes the Minister of Higher Education to make all the enquiries that may consider necessary for the authentication of the above mentioned certificate(s)/diploma(s).

Name & Surname _____

Signature _____

MINESUP / SERVICE FOR EQUIVALENCE

This form is free and should not be on issue for any form of transaction.
All opposition is liable to sanctions predisposed by the rules and regulation put in place to this effect.

Notre adresse / Our address

B.P: 1739 Yaoundé-Cameroun

Fax: (237) 22229724

E-mail : sd_equivalence@minesup.gov.cm / dcaa@minesup.gov.cm