

# UNIVERSITY OF THE COMMONWEALTH CARIBBEAN INTERNATIONAL STUDENTS APPLICATION FORM

#### **INSTRUCTIONS:**

- Print clearly using BLOCK LETTERS and tick boxes where appropriate.

  Do not write in pencil. We cannot consider your application if it is incomplete or unreadable.
- Please return your completed application and required documentation to: International Office, University of the Commonwealth Caribbean, 17 Worthington Ave., Kingston 5, Jamaica. Email: internationaladmissions@ucc.edu.jm, Phone: 1 876-665-3000

Section A - Personal Data	5. MAILING ADDRESS: (if different from 4)
. NAME	Apt/Street/PO Box
Title: Last Name:	City/Town/Post Office
First Name:	Parish/County
Middle Name(s):	State
. FORMER NAME (if applicable)  Title: Last Name:	Zip/Postal Code
First Name:	Country
Middle Name(s):	6. HOME/PERMANENT PHONE:
. HAVE YOU PREVIOUSLY APPLIED TO UCC? Yes No PERMANENT ADDRESS: Apt/Street/PO Box	7. MAILING ADDRESS PHONE:  8. CELL PHONE:  9. WORK PHONE:  Ext:
City/Town/Post Office	10. FAX NUMBER:
Parish/County	11. EMAIL ADDRESS:
State	12. GENDER:  Male Female
Zip/Postal Code	Male Female 13. DATE OF BIRTH: Day Month Year
Country	14. Marital Status:
	Single Married  Common Law Legally Separated

Divorced

Widowed



### INTERNATIONAL STUDENTS APPLICATION FORM Cont'd.

15. RELIGION/DENOMINATION:	22. CAMPUS
16. COUNTRY OF BIRTH/NATIONAL OF:	Kingston Montego Bay  23. APPLICATION TYPE
17. COUNTRY OF CITIZENSHIP:	International Exchange   24. PROGRAMME LEVEL:
18. a) COUNTRY OF RESIDENCE:	Undergraduate Degree  Master's Degree
b) Duration (yrs):	ESL Programme  Beginner's English
19. a) DO YOU HAVE A DISABILITY? (This Information is needed in case special facilities are required)	Intermediate English Advanced English
Yes No Diff yes, please specify:	25. PROGRAMME OF CHOICE (you may visit www.ucc.edu.jm to select your programme):
Section B - Campus, Faculty & Courses	26. HOUSING CHOICE  UNIVERSITY HOUSING (off Campus) HOMESTAY
20. PERIOD OF STUDY	OWN ROOM/SHARED APARTMENT  SHARED ROOM/SHARED APARTMENT
Spring Summer Fall	27. HOW DID YOU OBTAIN INFORMATION ABOUT UCC?
21. EXPECTED ADMISSION DATE	Email Internet
Month Year	Media Direct Mail
<del></del>	Agent Uther: (Please Specify)
Section C - Academic Qualifications	
<ol> <li>Please provide details of your current studies. You</li> <li>Request the Registrar of your home institution to send on Caribbean, Kingston 5, Jamaica.</li> <li>Note: Documents not in English must be accompanied by off</li> </ol>	e official transcript to the Registrar, University of the Commonwealth
Programme/award Institution name Country	Attendance dates Completion/Expected completion date



## INTERNATIONAL STUDENTS APPLICATION FORM Cont'd.

Section D - Academic Qualifications			
29. ENGLISH PROFICIENCY			
a) Is English your first language?  (If yes, you need not complete the English Proficiency section of this	form).	No	Yes
<ul> <li>b) If your current level of English language proficiency does not entry requirements, and all other entry requirements are me Package Offer, which includes English Language tuition in U</li> </ul>	t, would you like to receive a	No	Yes
c) Please tick the appropriate box to indicate any English tests last two years:	you have completed within the	TOEFL	IELTS
Notes: Test results are only valid for two years from the date of the test. Te he month your UCC degree programme starts or they cannot be ac			
JCC will not accept institutional TOEFL tests, photocopies or certification. If you have not done so already, you must ask your send your official results to UCC.			
f you sat an IELTS test and you can provide an IELTS Test Report do not need to provide an official copy of your IELTS results to UCC			
f you sat an internet-based TOEFL test, please indicate your regist Registration number: Test date:			
Section E - Financial Resources			
Government (Specify) Loan Self Institution of Origin Donor (Specify) Parents Award (Specify)	31. Will you be able to me by the time of accepta  Yes No	-	ial obligation
Government (Specify)  Self  Institution of Origin  Donor (Specify)  Parents	by the time of accepta	-	ial obligation
Government (Specify)  Self Institution of Origin  Donor (Specify)  Award (Specify)	by the time of accepta	-	ial obligation
Government (Specify)  Self Institution of Origin Donor (Specify) Award (Specify)  Award (Specify)  Section F - Employment Information (if applicable)	by the time of accepta Yes No  No  f) Address:	-	ial obligation
Government (Specify) Self Institution of Origin Donor (Specify) Award (Specify)  Award (Specify)  Carents Award (Specify)	by the time of accepta Yes No  No  f) Address:  Apt/Street/PO Box	-	ial obligation
Government (Specify) Self Institution of Origin Donor (Specify) Award (Specify)  Section F - Employment Information  2. Please indicate current employment information (if applicable)  a) Are you self employed? Yes No b) If yes, indicate the Type of Business	f) Address: Apt/Street/PO Box  City/Town/Post Office	-	ial obligation
Government (Specify) Self Institution of Origin Donor (Specify) Award (Specify)  Section F - Employment Information  22. Please indicate current employment information (if applicable) a) Are you self employed? Yes No b) If yes, indicate the Type of Business  c) Name of Employer (if applicable)	f) Address: Apt/Street/PO Box City/Town/Post Office Parish/County State	-	ial obligation



### INTERNATIONAL STUDENTS APPLICATION FORM Cont'd.

### Section G - Emergency Contact Information

Name
Title:
Last Name/Surname:
First Name:
Middle Initial:
Relationship to applicant:
Permanent address:
Apt/Street/PO Box
City/Town/Post Office
Parish/County
State
Zip/Postal Code Country
Emergency contact home/permanent phone:
Emergency contact cell phone:
Emergency contact work phone:
Ext:
ction H - Referee Information
Name two referees (Exchange applicants only)
Name of Referee:
Name of Organization:

	Address:
	Apt/Street/PO Box
	City/Town/Post Office
	Parish/County
	State
	Zip/Postal Code
	Country
	Phone:  Ext:
)	Name of Referee:
	Name of Organization:
	Position:
	Address:
	Apt/Street/PO Box
	City/Town/Post Office
	Parish/County
	State
	Zip/Postal Code
	Country
	Phone:



### **DECLARATION AND SIGNATURE**

#### I agree:

- To the University of the Commonwealth Caribbean communicating with me via electronic means;
- · To permit UCC to obtain my academic results from other institutions directly if required
- That if any information provided by me is discovered to be untrue or misleading in any respect, I consent to UCC collecting, storing and disclosing this information to the University Council of Jamaica and any other relevant authority.

#### I understand that:

- Submitted documents supporting this application become the property of UCC and will not be returned to me;
- UCC may vary or cancel any decision it makes if the information I have given is incorrect or incomplete.

I declare that the information I have given in this application is co	rrect and	complete.
Applicant's signature:	Date:	
		DD/MM/YYYY
Signature of parent/legal custodian, if student is under 18 years of age	<b>)</b> .	
Parent's/legal custodian's signature:	Date:	
		DD/MM/YYYY
Permission to release information (optional)		
I authorise the following person to access details regarding my applica	ation (comp	ulsory for students under 18 years of age):
Family name:	Given na	ame:
Relationship to applicant:	Delegate	e's signature:
Date:		

#### PLEASE SUBMIT THE FOLLOWING WITH THIS APPLICATION:

- Student application fee of US\$100. Payment can be only done via Visa or MasterCard, Certified Cheque or Money Order (payable to The University of the Commonwealth Caribbean)
- Photocopy of valid passport

DD/MM/YYYY

- Proof of completion of English Language Assessment
- Passport size photo (not more than 6 months)
- Affidavit of support form
- •Certified copy of Birth Certificate

R OFFICIAL USE ONLY Documents Received:	Original documents returned	
Application Fee		
Birth Certificate		
Marriage Certificate		
Deed Poll		
Transcripts		
Certificates/Other qualifications		
Referee Reports	Signature of University Registrar	Date (dd/mm/yyyy)
Other (please specify):		
Dean or Nominee/Coordinator	Date (dd/mm/yyyy)	
COMMENTS		