



The Technical Vocational Division of the University College of the Caribbean (UCC)

### Application for Admission

#### Diploma and Certificate Programmes

**INSTRUCTIONS:** Please complete all sections of this form.

- Answer **ALL** sections in **BLOCK CAPITALS**.
- One (1) passport size photograph and a copy of birth certificate should accompany this form.
- Attach all supporting documents with proof of education and training and proof of work experience.
- A non-refundable processing fee of J\$1000.00 should be paid.

**PLEASE NOTE:**

- A course may be cancelled if there is under-enrolment.



We encourage you to apply online at [www.ucc.edu.jm](http://www.ucc.edu.jm).

You may also apply by completing and submitting your application form and supporting documents to a UCC Centre or by mailing them to: **Office of the Registrar, University College of the Caribbean, 17 Worthington Avenue, Kingston 5.**

**Select campus/host school for study:**

<input type="checkbox"/> UCC Main Campus - KINGSTON	<input type="checkbox"/> UCC Centre - OCHO RIOS
<input type="checkbox"/> UCC Centre - MAYPEN	<input type="checkbox"/> UCC Centre - MONTEGO BAY
<input type="checkbox"/> UCC Centre - MANDEVILLE	<input type="checkbox"/> UCC Centre - SAVANNA-LA-MAR

#### SECTION A: Programme | Semester

<p><b>1</b> Programme for which you are applying</p> <p>First Option _____</p> <p>Second Option _____</p>	<p><b>2</b> State the semester and the year you intend to commence your programme</p> <p><input type="checkbox"/> October ( 20__ )</p> <p><input type="checkbox"/> January ( 20__ )</p>
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3. Do you have access to high speed internet? No  Yes  Home  Other  \_\_\_\_\_

#### SECTION B: Personal Data

<b>1</b> LAST NAME	FIRST NAME	MIDDLE NAME
MAIDEN NAME	<b>2</b> DATE OF BIRTH (dd/mm/yyyy)	<b>3</b> GENDER
<b>4</b> MARITAL STATUS Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/>	<b>5</b> NATIONALITY	<b>6</b> EMAIL ADDRESS
<b>7</b> HOME NUMBER	MOBILE NUMBER	WORK NUMBER
<b>8</b> MAILING ADDRESS		<b>9</b> PERMANENT ADDRESS (if different from mailing address)
<b>10</b> TAXPAYER REGISTRATION NUMBER (TRN):		

**11.** Do you have any physical disabilities? No  Yes  ( Please state ) \_\_\_\_\_

#### SECTION C: Source of Funding

<p><b>1</b> What is your source of funding?</p> <p>Self <input type="checkbox"/></p> <p>Parent <input type="checkbox"/></p> <p>Local Loan <input type="checkbox"/></p> <p>Overseas Loan <input type="checkbox"/></p> <p>Sponsorship <input type="checkbox"/></p>	<p><b>2</b> If receiving sponsorship:</p> <p>a. Organization: _____</p> <p>b. Authorising Personnel: _____</p> <p>c. Position: _____</p> <p>d. Telephone #: _____</p> <p>e. Level of Sponsorship:</p> <p>Complete <input type="checkbox"/> Partial <input type="checkbox"/> (amount) \$ _____</p> <p>Signature: _____</p>
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**SECTION D: Education background**

HIGH SCHOOL ATTENDED	SUBJECTS PURSUED	YEAR	AWARD (CXC, O'LEVEL)	RESULT

**SECTION E: Parent/Guardian Consent**

(This is required if you are younger than 18 years of age)

\_\_\_\_\_  
NAME OF PARENT/GUARDIAN

\_\_\_\_\_  
RELATIONSHIP TO APPLICANT

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

**SECTION F: Applicant's Declaration**

1. My signature certifies that I agree to abide by the policies, rules and regulations of the institution.
2. I also understand that the institution reserves the right to suspend or dismiss any student at anytime for disciplinary misconduct or when such an action is deemed to be in the best interest of the student and student body.
3. I understand that withholding information requested or falsification of information given will result in the disciplinary action and make me ineligible for admission and enrollment.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

**REFER A FAMILY MEMBER / FRIEND / WORK ASSOCIATE**

Please enter their contact information below.

NAME	TELEPHONE NUMBER	EMAIL	ADDRESS

**FOR OFFICIAL USE ONLY**

Decision:      Full Acceptance       Denied

Provisional Acceptance       Outstanding Requirements: \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
NAME OF ADMISSIONS COMMITTEE REPRESENTATIVE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME OF ADMISSIONS OFFICER

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**UCCA RECRUITER**

\_\_\_\_\_  
NAME

\_\_\_\_\_  
ID NUMBER