



# Executive Training

## A P P L I C A T I O N F O R A D M I S S I O N

**INSTRUCTIONS: PLEASE COMPLETE ALL SECTIONS OF THIS FORM**

- Answer ALL sections in BLOCK CAPITALS
- A non-refundable processing fee of J\$1000.00 (or equivalent) and copy of one (1) government issued I.D. are required for registration.
- Submit completed form to corporate\_edu@ucc.edu.jm

**PLEASE NOTE:**

- Study option may be withdrawn in the event of under-enrolment in a given programme..

Indicate your level of English Language proficiency, by placing a number from 1 to 5 in the appropriate space (1 = "very poor" and 5 = "excellent")

WRITTEN	ORAL

### SECTION A: Professional Background/Area of Interest

Programme for which you are applying:	Course Fee

<p><b>1</b> (Please indicate your first and second choices by placing a 1 or 2 in the appropriate boxes. Thank you)</p> <table> <tr> <td>Sales and Marketing</td> <td><input type="checkbox"/></td> <td>Finance</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Computer Studies</td> <td><input type="checkbox"/></td> <td>Management/Leadership</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Communication Skills</td> <td><input type="checkbox"/></td> <td>Human Resource Management</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Entrepreneurship</td> <td><input type="checkbox"/></td> <td>Risk Management</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Executive Seminars</td> <td><input type="checkbox"/></td> <td>Project Management</td> <td><input type="checkbox"/></td> </tr> </table>	Sales and Marketing	<input type="checkbox"/>	Finance	<input type="checkbox"/>	Computer Studies	<input type="checkbox"/>	Management/Leadership	<input type="checkbox"/>	Communication Skills	<input type="checkbox"/>	Human Resource Management	<input type="checkbox"/>	Entrepreneurship	<input type="checkbox"/>	Risk Management	<input type="checkbox"/>	Executive Seminars	<input type="checkbox"/>	Project Management	<input type="checkbox"/>	<p><b>2</b> Study Preference:</p> <p><input type="checkbox"/> Evening    <input type="checkbox"/> Online</p> <p><input type="checkbox"/> Sunday    <input type="checkbox"/> Other</p>	<p><b>3</b> State the semester and the year you intend to commence your programme</p> <p><input type="checkbox"/> March/April (20__)</p> <p><input type="checkbox"/> September (20__)</p> <p><input type="checkbox"/> January (20__)</p>
Sales and Marketing	<input type="checkbox"/>	Finance	<input type="checkbox"/>																			
Computer Studies	<input type="checkbox"/>	Management/Leadership	<input type="checkbox"/>																			
Communication Skills	<input type="checkbox"/>	Human Resource Management	<input type="checkbox"/>																			
Entrepreneurship	<input type="checkbox"/>	Risk Management	<input type="checkbox"/>																			
Executive Seminars	<input type="checkbox"/>	Project Management	<input type="checkbox"/>																			

4. Have you previously attended IMS, IMP or UCC? No  Yes  (From \_\_\_\_\_ to \_\_\_\_\_)

5. List previously held UCC ID number(s)

6. Are you currently enrolled with UCC? No  Yes  (From \_\_\_\_\_ to \_\_\_\_\_) Programme \_\_\_\_\_

7. Do you have access to high speed internet at Work Yes  No  Home Yes  No

### SECTION B: Personal Data

<b>1</b> Last Name	First Name	Middle Name	
Maiden Name (if applicable)	<b>2</b> Date of Birth (mm/dd/yyyy)	<b>3</b> Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	
<b>4</b> Email Address (Print in block letters)			
<b>5</b> Country of Residence			
<b>6</b> Home Number	Mobile Number	Work Number	
<b>7</b> Mailing Address		<b>8</b> Permanent Address (if different from mailing address)	
<b>9</b> Present Employer/Self Employed	Number of Years in Present Employment	Current Position/Job Title	
<b>10</b> (Emergency Contact) Last Name	First Name	Relationship	Telephone Number
<b>11</b> (Next of Kin) Last Name	First Name	Relationship	Telephone Number
<b>12</b> Do you have physical disabilities/health conditions? No <input type="checkbox"/> Yes <input type="checkbox"/> (Please state) _____			

**SECTION C: Source of Funding**

**1** What is your source of funding?

- Self
- Family Member
- Employer
- Local Loan
- Overseas Loan
- Sponsorship

**2** If receiving sponsorship:

- a. Organization \_\_\_\_\_
- b. Authorizing Personnel \_\_\_\_\_
- c. Position \_\_\_\_\_
- d. Telephone# \_\_\_\_\_ Email: \_\_\_\_\_
- e. Level of Sponsorship  
 Complete  Partial  (Amount) \$ \_\_\_\_\_
- Signature: \_\_\_\_\_

OFFICIAL STAMP OF  
SPONSORING ORGANIZATION

**SECTION D: Educational Background and Professional Qualifications**

2. Highest degree earned prior to the anticipated term of enrollment

Certificate  Diploma  Degree  Specialist  Others \_\_\_\_\_

2a. Educational Background

Course/Programme Pursued	Completed		Year
	Yes	No	

2b. Professional Qualifications (ACCA etc.)

Qualification	Association/Institution	Year	Level

**SECTION E: How Did You Hear About Us?**

Tell us how you heard about UCC.

**OFFLINE**

- Print
- Newspaper
- Magazine
- Brochure
- Flyer
- Electronic Media
- Local TV
- Cable TV
- Radio Programme/Ad
- Electronic Board

**ONLINE | NEW MEDIA**

- Website
- Email Blast
- SMS
- Social Media

**DIRECT**

- Word of Mouth
- Friend
- Recruiter
- UCC Staff
- Other (Please specify) \_\_\_\_\_
- UCC Event/Promotion
- Other Event/Promotion

**SECTION F: Declaration**

- My signature certifies that I have read, understood and agree to the terms and condition of this application and upon acceptance further agree to abide by the policies, rules and regulations of the institution.
- I understand that the institution has the right to exclude any student at any time in keeping with its regulations, when such an act is deemed to be in the best interest of either the student, student body, or the institution.
- I understand that falsification of information or withholding information requested may make me ineligible for admission or continuation of studies.

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

\_\_\_\_\_  
DATE

**FOR OFFICIAL USE ONLY**

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STUDENT ID#

**UCC Recruiter**

\_\_\_\_\_  
NAME

\_\_\_\_\_  
I.D. NUMBER/POSITION

**Student Withdrew:**

\_\_\_\_\_  
DATE