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UNIVERSITY OF THE COMMONWEALTH CARIBBEAN (UCC)

Fostering Leadership & Innovation

UCC UNIVERSITY OF THE COMMONWEALTH CARIBBEAN | CORPORATE EDUCATION DIVISION

Executive Training

APPLICATION FOR ADMISSION

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- Study option may be withdrawn in the event of under-enrolment in a given programme..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

1 *(Please indicate your first and second choices by placing a 1 or 2 in the appropriate boxes. Thank you)*

Sales and Marketing	☐	Finance	☐
Computer Studies	☐	Management/Leadership	☐
Communication Skills	☐	Human Resource Management	☐
Entrepreneurship	☐	Risk Management	☐
Executive Seminars	☐	Project Management	☐

2 Study Preference:

☐ Evening ☐ Online

☐ Sunday ☐ Other

3 State the semester and the year you intend to commence your programme

☐ March/April (20___)

☐ September (20___)

☐ January (20___)

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

1 Last Name	First Name	Middle Name
Maiden Name *(if applicable)*	2 Date of Birth (mm/dd/yyyy)	3 Gender Male ☐ Female ☐
4 Email Address *(Print in block letters)*		
5 Country of Residence		
6 Home Number	Mobile Number	Work Number
7 Mailing Address	8 Permanent Address *(if different from mailing address)*	
9 Present Employer/Self Employed	Number of Years in Present Employment	Current Position/Job Title

10 (Emergency Contact) Last Name	First Name	Relationship	Telephone Number
11 (Next of Kin) Last Name	First Name	Relationship	Telephone Number

12 Do you have physical disabilities/health conditions? No ☐ Yes ☐ (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 ☐

- UCC Event/Promotion ☐
- Other Event/Promotion ☐

Other *(Please specify)* _____

SECTION F: Declaration

1. 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.
2. 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.
3. 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

☐☐☐☐☐☐☐☐☐☐☐☐☐

STUDENT ID#

UCC Recruiter

_____ NAME

_____ I.D. NUMBER/POSITION

Student Withdrew: _____ DATE

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