



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**.
- One (1) passport size photograph should accompany this form.
- Attach all supporting documents (eg. Transcript, CXC/GCE passes etc.).
- A non-refundable application fee of **\$1000** should also accompany this application.

PLEASE NOTE

- Study option may be withdrawn in the event of under-enrollment in a given programme.

PLEASE AFFIX
YOUR PHOTO

CAMPUS/LOCATION YOU WISH TO BE ASSIGNED TO YOU

- ☐ KINGSTON
- ☐ MONTEGO BAY
- ☐ MAYPEN
- ☐ MANDEVILE
- ☐ OCHO RIOS

SECTION A: Programme | Semester | Enrolment Status

1

Programme for which you are applying

First Option:

Second Option:

2

Enrolment Status:

☐ Full-Time (minimum 5 modules/15 credits per semester)

☐ Part-Time (up to 3 modules/9 credits per semester)

☐ Online (Distance Education)

Modality:

☐ Face-to-Face

☐ Online

☐ Blended

Schedule:

☐ Day

☐ Early - Bird

☐ Sundays

☐ Weekday Evenings

3

State the period and the year you intend to commence your programme.

☐ September/Fall (20__)

☐ May/Summer (20__)

☐ January/Spring (20__)

4. Have you previously attended IMS, IMP or UCC? No ☐ Yes ☐ (From ____ to ____) Programme _____

5. Are you currently enrolled with UCC? No ☐ Yes ☐ (From ____ to ____) Programme _____

6. Do you have access to high speed internet? No ☐ Yes ☐ (Home ☐ Work ☐ Other _____

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

MARITAL STATUS

Single ☐

Divorced ☐

Married ☐

Widowed ☐

5

NATIONALITY

6

EMAIL ADDRESS

7. Do you have any disabilities/health conditions? No ☐ Yes ☐ (Please state) _____

Next of Kin _____

(additional information to be indicated on supplemental medical form)

8

HOME NUMBER

MOBILE NUMBER

WORK NUMBER

9

MAILING ADDRESS

10

PERMANENT ADDRESS (if different from mailing address)

11

PRESENT EMPLOYER

NUMBER OF YEARS IN PRESENT EMPLOYMENT

TOTAL YEARS OF EMPLOYMENT

CURRENT POSITION / JOB TITLE

TELEPHONE NUMBER

FAX NUMBER

SECTION C: Source of Funding

1

What is your source of funding?

Self ☐

Employer ☐

Local Loan ☐

Overseas Loan ☐

2

If receiving sponsorship by employer:

a. Authorising Personnel: _____

b. Position _____

c. Telephone #: _____

d. Level of Sponsorship:

Complete ☐

Partial ☐ (Amount) \$ _____

Signature: _____

PLEASE AFFIX
COMPANY
STAMP HERE

SECTION D: Education Background

SECONDARY SCHOOL / INSTITUTION ATTENDED	SUBJECT / PROGRAMME PURSUED	YEAR	AWARD	RESULT

TERTIARY INSTITUTION ATTENDED	COURSE / PROGRAMME PURSUED	YEAR	AWARD	RESULT

SECTION E: Student Ambassador Programme

1. Please indicate the person who referred you to UCC under the STUDENT AMBASSADOR PROGRAMME.

STUDENT'S NAME

PROGRAMME (IF KNOWN)

TELEPHONE

2. Where did you hear about UCC?

Radio

Newspaper

Brochure

Website

Word of Mouth

Other

SECTION F: Referee Information

List two references, one of whom should preferably be from your last school attended or curent employer.

1.

NAME

ADDRESS

TELEPHONE NUMBER

2.

NAME

ADDRESS

TELEPHONE NUMBER

Parent/Gaurdian Consent (If applicant is under 18 years old)

NAME OF APPLICANT

RELATIONSHIP

TELEPHONE NUMBER

DATE

SIGNATURE

NAME OF PARENT/GUARDIAN

ADDRESS

TELEPHONE NUMBER

DATE

SIGNATURE

SECTION G: Declaration

How does your intention to study for this programme fit into your career plans? How will it enhance the development of your organization?

1.

My signature certifies that I have read, understood and agreed to the terms and conditions of this application, and further agree to abide by the policies, rules and regulations o f 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 action is deemed to be in the best interest of the student and student bod y.

3.

I understand that withholding information requested or falsification of information given will result in disciplinary action and may make me ineligible for admission and enrollment.

APPLICANT'S SIGNATURE

DATE

FOR OFFICIAL USE ONLY

Number of Transfer Credits:

Institution from which credits are transferred:

Decision:

Full Acceptance

Denied

Provisional Acceptance

Outstanding Requirements:

Remarks:

NAME OF ADMISSIONS COMMITTEE REPRESENTATIVE

SIGNATURE

DATE

NAME OF ADMISSIONS OFFICER

SIGNATURE

DATE

UCC RECRUITER :

NAME

I.D. NUMBER