



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- Study option may be withdrawn in the event of under-enrollment in a given programme.



CAMPUS/LOCATION YOU WISH TO BE ASSIGNED TO YOU

- Kingston, Montego Bay, Ocho Rios, Mandeville, Savanna-La-Mar, May Pen

SECTION A: Programme | Semester | Enrolment Status

1 Programme for which you are applying
2 Enrolment Status: Full-Time, Part-Time, Online
3 State the period and the year you intend to commence your programme.

4. Have you previously attended IMS, IMP or UCC?
5. Are you currently enrolled with UCC?
6. Do you have access to high speed internet?

SECTION B: Personal Data

1 LAST NAME, FIRST NAME, MIDDLE NAME
2 DATE OF BIRTH
3 GENDER
4 MARITAL STATUS
5 NATIONALITY
6 EMAIL ADDRESS

7. Do you have any disabilities/health conditions?
Next of Kin

8 HOME NUMBER, MOBILE NUMBER, WORK NUMBER
9 MAILING ADDRESS
10 PERMANENT 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?
2 If receiving sponsorship by employer:
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	NAME OF PARENT/GUARDIAN
RELATIONSHIP	ADDRESS
TELEPHONE NUMBER	TELEPHONE NUMBER
DATE	DATE
SIGNATURE	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 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 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 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