



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. Copy of degree, Reference letter etc.).
- A non-refundable processing fee of **US \$15.00** (or equivalent) must accompany this application.

PLEASE NOTE:

- Study option may be withdrawn in the event of under-enrolment in a given programme.
- Available study options for Caribbean students are: **UCC Online (Blended)** and **Face-to-Face (On Campus)**.
- All supporting documents submitted with applications become the property of the University of the Commonwealth Caribbean and will not be returned to applicants.

**PLEASE AFFIX
YOUR PHOTO**

JAMAICA (Select a location nearest you)

- KINGSTON
 MONTEGO BAY
 OCHO RIOS
 MANDEVILLE

CARIBBEAN (Select your location)

- ANTIGUA & BARBUDA BARBADOS
 DOMINICA GRENADA
 ST. VINCENT & THE GRENADINES ST. LUCIA
 ST. KITTS TURKS & CAICOS

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: Programme Study Option

<p>1 Programme for which you are applying (Please indicate your first and second choices by placing a 1 or 2 in the appropriate boxes. Thank you)</p> <ul style="list-style-type: none"> • Commonwealth Executive Master of Business Administration (CEMBA) <input type="checkbox"/> • Commonwealth Executive Master of Public Administration (CEMPA) <input type="checkbox"/> • Master of Business Administration (MBA) <input type="checkbox"/> • Single Module/Course <input type="checkbox"/> 	<p>2 Study Options: CEMPA/CEMBA</p> <p><input type="checkbox"/> Sunday afternoon & one evening per week (Kingston & Mandeville)</p> <p><input type="checkbox"/> Sundays only (Ocho Rios & Montego Bay)</p> <p><input type="checkbox"/> UCC Online</p> <p><input type="checkbox"/> Caribbean</p>	<p>3 Study Options: MBA</p> <p><input type="checkbox"/> Sunday afternoon & one evening per week (Kingston)</p> <p><input type="checkbox"/> UCC Online</p> <p><input type="checkbox"/> Caribbean</p>
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4. Have you previously attended IMS, IMP or UCC? Yes (From ____ to ____) Programme _____

5. List previously held UCC/IMP/IMS ID number(s) _____

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

7. 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 <input type="checkbox"/> Female <input type="checkbox"/>
4 MARITAL STATUS Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/>	5 NATIONALITY	6 EMAIL ADDRESS
7 COUNTRY OF BIRTH	8 COUNTRY OF RESIDENCE	

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

10 HOME NUMBER	MOBILE NUMBER	WORK NUMBER
11 MAILING ADDRESS		12 PERMANENT ADDRESS (if different from mailing address)

N.B. Please submit a complete Resume/CV along with your application

13 PRESENT EMPLOYER/SELF - EMPLOYED	NUMBER OF YEARS IN PRESENT EMPLOYMENT	TOTAL YEARS OF EMPLOYMENT	
CURRENT POSITION / JOB TITLE	EMPLOYER'S TELEPHONE NUMBER	EMPLOYER'S FAX NUMBER	
14 (NEXT OF KIN) LAST NAME	FIRST NAME	RELATIONSHIP	TELEPHONE NUMBER
(EMERGENCY CONTACT) LAST NAME	FIRST NAME	RELATIONSHIP	TELEPHONE NUMBER

UCC College of Graduate Studies Institutional Partners



COMMONWEALTH of LEARNING



FLORIDA INTERNATIONAL UNIVERSITY

SECTION C: Source of Funding

1 What is your source of funding? Self <input type="checkbox"/> Employer <input type="checkbox"/> Local Loan <input type="checkbox"/> Overseas Loan <input type="checkbox"/> Sponsorship <input type="checkbox"/>	2 If receiving sponsorship: a. Organisation: _____ b. Authorising Personnel: _____ c. Position _____ d. Telephone #: _____ e. Level of Sponsorship: Complete <input type="checkbox"/> Partial <input type="checkbox"/> (Amount) \$ _____ Signature: _____	OFFICIAL STAMP OF SPONSORING ORGANISATION
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SECTION D: Educational Background and Professional Qualifications

2. Highest degree earned prior to the anticipated term of enrollment: Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctoral <input type="checkbox"/> Specialist <input type="checkbox"/> Others: _____	Earned GPA: Bachelor's: _____ Master's: _____
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2a. Educational Background

TERTIARY INSTITUTION ATTENDED	COURSE / PROGRAMME PURSUED	YEAR	AWARD	RESULT

2b. Professional Qualifications (ACCA, etc)

QUALIFICATION	ASSOCIATION/INSTITUTION	YEAR	LEVEL

SECTION E: Recruitment

1. Please indicate the person who referred you to UCC under the COLLABORATIVE RECRUITMENT PROGRAMME.

STUDENT'S NAME	PROGRAMME (IF KNOWN)	TELEPHONE
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2. How did you hear about UCC?

Newspaper Radio Brochure Website Word of Mouth Other (please specify) _____

3. How did you hear about the programme?

Newspaper Radio Brochure Website Word of Mouth Other (please specify) _____

SECTION F: Referee Information

Please provide contact information for the two referees who are completing references on your behalf.

1. _____ NAME (FORM A)	_____ COMPANY/ORGANISATION	_____ TELEPHONE NUMBER
2. _____ NAME (FORM B)	_____ COMPANY/ORGANISATION	_____ TELEPHONE NUMBER

SECTION G: Declaration

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 understand that the Institution has the right to exclude any student at any time in keeping with its regulations, or when such action is deemed to be in the best interest of either the student, student body, or the Institution.
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 enrolment, or continuation of studies.

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