



UNIVERSITY OF THE COMMONWEALTH CARIBBEAN INTERNATIONAL STUDENTS APPLICATION FORM

INSTRUCTIONS:

- Print clearly using BLOCK LETTERS and tick boxes where appropriate.
- Do not write in pencil. We cannot consider your application if it is incomplete or unreadable.
- Please return your completed application and required documentation to:
International Office, University of the Commonwealth Caribbean, 17 Worthington Ave., Kingston 5, Jamaica.
Email: internationaladmissions@ucc.edu.jm, Phone: 1(876) 906-3000

Section A - Personal Data

1. NAME

Title: _____ Last Name: _____

First Name: _____

Middle Name(s): _____

2. FORMER NAME (if applicable)

Title: _____ Last Name: _____

First Name: _____

Middle Name(s): _____

3. HAVE YOU PREVIOUSLY APPLIED TO UCC?

Yes No

4. PERMANENT ADDRESS:

Apt/Street/PO Box _____

City/Town/Post Office _____

Parish/County _____

State _____

Zip/Postal Code _____

Country _____

5. MAILING ADDRESS: (if different from 4)

Apt/Street/PO Box _____

City/Town/Post Office _____

Parish/County _____

State _____

Zip/Postal Code _____

Country _____

6. HOME/PERMANENT PHONE:

7. MAILING ADDRESS PHONE:

8. CELL PHONE:

9. WORK PHONE:

Ext:

10. FAX NUMBER:

11. EMAIL ADDRESS:

12. GENDER:

Male Female

13. DATE OF BIRTH:

Day _____ Month _____ Year _____

14. Marital Status:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Single | <input type="checkbox"/> Married |
| <input type="checkbox"/> Common Law | <input type="checkbox"/> Legally Separated |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Widowed |



Section D - Academic Qualifications

30. ENGLISH PROFICIENCY

- a) Is English your first language? (If yes, you need not complete the English Proficiency section of this form). [] No [] Yes
b) If your current level of English language proficiency does not meet UCC's English Language entry requirements... [] No [] Yes
c) Please tick the appropriate box to indicate any English tests you have completed within the last two years: [] TOEFL [] IELTS

Notes:

Test results are only valid for two years from the date of the test. Test results must still be valid the month your UCC degree programme starts or they cannot be accepted.

UCC will not accept institutional TOEFL tests, photocopies or certified copies of examinees' TOEFL results. If you have not done so already, you must ask your TOEFL testing centre to send your official results to UCC.

If you sat an IELTS test and you can provide an IELTS Test Report Form (TRF) number you do not need to provide an official copy of your IELTS results to UCC. My TRF number is: _____

If you sat an internet-based TOEFL test, please indicate your registration number and test date: Registration number: _____ Test date: _____

Section E - Financial Resources

31. Expected source of Funding

- [] Government (Specify) [] Loan
[] Self [] Institution of Origin
[] Donor (Specify) [] Parents
[] Award (Specify)

32. Will you be able to meet your financial obligation by the time of acceptance?

Yes [] No []

Section F - Employment Information

33. Please indicate current employment information (if applicable)

- a) Are you self employed? Yes [] No []
b) If yes, indicate the Type of Business
c) Name of Employer (if applicable)
d) Position
e) From: Day Month Year

f) Address: Apt/Street/PO Box
City/Town/Post Office
Parish/County
State
Zip/Postal Code Country



Section G - Emergency Contact Information

34. Please indicate information for an emergency contact person

- a) Name
Title:
Last Name/Surname:
First Name:
Middle Initial:
b) Relationship to applicant:
c) Permanent address:
Apt/Street/PO Box
City/Town/Post Office
Parish/County
State
Zip/Postal Code Country
d) Emergency contact home/permanent phone:
e) Emergency contact cell phone:
f) Emergency contact work phone:
Ext:

Section H - Referee Information

35. Name two referees (Exchange applicants only)

- a) Name of Referee:
Name of Organization:
Position:

Address:
Apt/Street/PO Box
City/Town/Post Office
Parish/County
State
Zip/Postal Code
Country
Phone:
Ext:
b) Name of Referee:
Name of Organization:
Position:
Address:
Apt/Street/PO Box
City/Town/Post Office
Parish/County
State
Zip/Postal Code
Country
Phone:
Ext:



DECLARATION AND SIGNATURE

I agree:

- To the University of the Commonwealth Caribbean communicating with me via electronic means;
To permit UCC to obtain my academic results from other institutions directly if required
That if any information provided by me is discovered to be untrue or misleading in any respect, I consent to UCC collecting, storing and disclosing this information to the University Council of Jamaica and any other relevant authority.

I understand that:

- Submitted documents supporting this application become the property of UCC and will not be returned to me;
UCC may vary or cancel any decision it makes if the information I have given is incorrect or incomplete.

I declare that the information I have given in this application is correct and complete.

Applicant's signature: _____ Date: _____ DD/MM/YYYY

Signature of parent/legal custodian, if student is under 18 years of age.

Parent's/legal custodian's signature: _____ Date: _____ DD/MM/YYYY

Permission to release information (optional)

I authorise the following person to access details regarding my application (compulsory for students under 18 years of age):

Family name: _____ Given name: _____

Relationship to applicant: _____ Delegate's signature: _____

Date: _____ DD/MM/YYYY

PLEASE SUBMIT THE FOLLOWING WITH THIS APPLICATION:

- Student application fee of US\$100. Payment can be only done via Visa or MasterCard, Certified Cheque or Money Order (payable to The University of the Commonwealth Caribbean)
Photocopy of valid passport
Proof of completion of English Language Assessment
Passport size photo (not more than 6 months)
Affidavit of support form
Certified copy of Birth Certificate

FOR OFFICIAL USE ONLY

Documents Received:

- Application Fee
Birth Certificate
Marriage Certificate
Deed Poll
Transcripts
Certificates/Other qualifications
Referee Reports
Other (please specify):

Original documents returned

Signature of University Registrar

Date (dd/mm/yyyy)

APPROVED

NOT APPROVED

Dean or Nominee/Coordinator

Date (dd/mm/yyyy)

COMMENTS