



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- Study option may be withdrawn in the event of under-enrollment in a given programme.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

<p><b>1</b> Programme for which you are applying</p> <p>_____</p> <p>First Option: _____</p> <p>_____</p> <p>Second Option: _____</p>	<p><b>2</b> Enrolment Status:</p> <p><input type="checkbox"/> Full-Time (minimum 5 modules/15 credits per semester)</p> <p><input type="checkbox"/> Part-Time (up to 3 modules/9 credits per semester)</p> <p><input type="checkbox"/> Online (Distance Education)</p> <p>Modality:</p> <p><input type="checkbox"/> Face-to-Face    <input type="checkbox"/> Online    <input type="checkbox"/> Blended</p> <p>Schedule:</p> <p><input type="checkbox"/> Day                      <input type="checkbox"/> Early - Bird</p> <p><input type="checkbox"/> Sundays                <input type="checkbox"/> Weekday Evenings</p>	<p><b>3</b> State the period and the year you intend to commence your programme.</p> <p><input type="checkbox"/> September/Fall ( 20__ )</p> <p><input type="checkbox"/> May/Summer ( 20__ )</p> <p><input type="checkbox"/> January/Spring ( 20__ )</p>
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**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**

<b>1</b> LAST NAME	FIRST NAME	MIDDLE NAME
MAIDEN NAME (if applicable)	<b>2</b> DATE OF BIRTH (mm/dd/yyyy)	<b>3</b> GENDER Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>4</b> MARITAL STATUS Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/>	<b>5</b> NATIONALITY	<b>6</b> 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)

<b>8</b> HOME NUMBER	MOBILE NUMBER	WORK NUMBER
<b>9</b> MAILING ADDRESS	<b>10</b> PERMANENT ADDRESS (if different from mailing address)	
<b>11</b> 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**

<p><b>1</b> What is your source of funding?</p> <p>Self <input type="checkbox"/></p> <p>Employer <input type="checkbox"/></p> <p>Local Loan <input type="checkbox"/></p> <p>Overseas Loan <input type="checkbox"/></p>	<p><b>2</b> If receiving sponsorship by employer:</p> <p>a. Authorising Personnel: _____</p> <p>b. Position _____</p> <p>c. Telephone #: _____</p> <p>d. Level of Sponsorship:</p> <p>Complete <input type="checkbox"/> Partial <input type="checkbox"/> (Amount) \$ _____</p> <p>Signature: _____</p>	<p><b>PLEASE AFFIX COMPANY STAMP HERE</b></p>
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## 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: How Did You Hear About Us?

1. Where did you hear about UCC?

Radio       Newspaper       Brochure       Website       Word of Mouth       Online Advertisement

Other \_\_\_\_\_

2. Please indicate the person who referred you to UCC under the STUDENT REFERRAL PROGRAMME.

STUDENT'S NAME \_\_\_\_\_

PROGRAMME ( IF KNOWN ) \_\_\_\_\_

TELEPHONE \_\_\_\_\_

## SECTION F: Referee Information

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

1. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

2. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

### Parent/Guardian 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 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 \_\_\_\_\_