



Executive Training

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
- A non-refundable processing fee of J\$2000.00 (or equivalent) and copy of one (1) government issued I.D. are required for registration.
- Submit completed form to payments@ucc.edu.jm

PLEASE NOTE:

- Study option may be withdrawn in the event of under-enrolment in a given programme..

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: Professional Background/Area of Interest

Programme for which you are applying:	Course Fee

1 (Please indicate your first and second choices by placing a 1 or 2 in the appropriate boxes. Thank you) Sales and Marketing <input type="checkbox"/> Computer Studies <input type="checkbox"/> Communication Skills <input type="checkbox"/> Entrepreneurship <input type="checkbox"/> Executive Seminars <input type="checkbox"/>	Finance <input type="checkbox"/> Management/Leadership <input type="checkbox"/> Human Resource Management <input type="checkbox"/> Risk Management <input type="checkbox"/> Project Management <input type="checkbox"/>	2 Study Preference: <input type="checkbox"/> Evening <input type="checkbox"/> Online <input type="checkbox"/> Sunday <input type="checkbox"/> Other	3 State the semester and the year you intend to commence your programme <input type="checkbox"/> March/April (20__) <input type="checkbox"/> September (20__) <input type="checkbox"/> January (20__)
--	---	--	---

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

5. List previously held UCC ID number(s)

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

7. Do you have access to high speed internet at Work Yes No Home Yes No

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 Email Address (Print in block letters)			
5 Country of Residence			
6 Home Number	Mobile Number	Work Number	
7 Mailing Address		8 Permanent Address (if different from mailing address)	
9 Present Employer/Self Employed	Number of Years in Present Employment	Current Position/Job Title	
10 (Emergency Contact) Last Name	First Name	Relationship	Telephone Number
11 (Next of Kin) Last Name	First Name	Relationship	Telephone Number
12 Do you have physical disabilities/health conditions? No <input type="checkbox"/> Yes <input type="checkbox"/> (Please state) _____			

SECTION C: Source of Funding

1 What is your source of funding?

- Self
- Family Member
- Employer
- Local Loan
- Overseas Loan
- Sponsorship

2 If receiving sponsorship:

- a. Organization _____
- b. Authorizing Personnel _____
- c. Position _____
- d. Telephone# _____ Email: _____
- e. Level of Sponsorship
 Complete Partial (Amount) \$ _____
- Signature: _____

OFFICIAL STAMP OF
SPONSORING ORGANIZATION

SECTION D: Educational Background and Professional Qualifications

2. Highest degree earned prior to the anticipated term of enrollment

Certificate Diploma Degree Specialist Others _____

2a. Educational Background

Course/Programme Pursued	Completed		Year
	Yes	No	

2b. Professional Qualifications (ACCA etc.)

Qualification	Association/Institution	Year	Level

SECTION E: How Did You Hear About Us?

Tell us how you heard about UCC.

OFFLINE

- Print
- Newspaper
- Magazine
- Brochure
- Flyer
- Electronic Media
- Local TV
- Cable TV
- Radio Programme/Ad
- Electronic Board

ONLINE | NEW MEDIA

- Website
- Email Blast
- SMS
- Social Media

DIRECT

- Word of Mouth
- Friend
- Recruiter
- UCC Staff
- Other (Please specify) _____
- UCC Event/Promotion
- Other Event/Promotion

SECTION F: Declaration

- My signature certifies that I have read, understood and agree to the terms and condition of this application and upon acceptance further agree to abide by the policies, rules and regulations of the institution.
- I understand that the institution has the right to exclude any student at any time in keeping with its regulations, when such an act is deemed to be in the best interest of either the student, student body, or the institution.
- I understand that falsification of information or withholding information requested may make me ineligible for admission or continuation of studies.

APPLICANT'S SIGNATURE

DATE

FOR OFFICIAL USE ONLY

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

STUDENT ID#

UCC Recruiter

NAME

I.D. NUMBER/POSITION

Student Withdrew:

DATE