



## APPLICATION FOR ADMISSION

**INSTRUCTIONS:**

- Answers should be written in **BLOCK CAPITALS**.
- One (1) passport sized photograph and a copy of birth certificate should accompany this form.
- Attach all supporting documents with proof of education and training.
- Upon completion of the form, you will be required to pay a non-refundable processing fee of One-Thousand Jamaican Dollars (\$1,000).



**PLEASE NOTE:**

- A course may be cancelled if there is under - enrolment.
- **MOEYI Occupational/Technical Associate Degrees** are **fully funded up to a fixed number** by the Ministry of Education, Youth & Information.
- **UCC Traditional/Academic Associate Degrees** are **partially funded** by the UCC Foundation US Inc.

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- You may apply online at [www.ucc.edu.jm/apply](http://www.ucc.edu.jm/apply)
  - Submit this application form and supporting documents to a UCC campus or any *participating host institutions islandwide*. You may also mail them to: **ECAP Admissions, Finance and Records Office University of the Commonwealth Caribbean, 17 Worthington Avenue, Kingston 5.**

### SECTION A: INDICATE HOST INSTITUTION *(Complete list of host institutions found on page 2)*

1.	Indicate Host Institution (option 1.) <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/>
2.	Indicate Host Institution (option 2.) <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/>

### SECTION B: SELECT A FIRST AND SECOND OPTION

\* Select First (i) and Second (ii) Option

<p><b>UCC Associate Degrees</b></p> <ul style="list-style-type: none"> <li>• Business Administration</li> <li>• Information Technology</li> <li>• Paralegal Studies</li> <li>• Tourism &amp; Hospitality Management</li> </ul>	<p><b>Occupational Associate Degrees</b></p> <ul style="list-style-type: none"> <li>• Agro Food Processing</li> <li>• Business Process Outsourcing (BPO)</li> <li>• Construction Site Management</li> <li>• Fitness Management</li> <li>• Logistics and Supply Chain Management</li> <li>• Renewable Energy Technology</li> <li>• Restaurant Operations</li> <li>• Retail &amp; Merchandizing Operations</li> </ul>	<p><b>Other Proposed Associate Degrees</b></p> <ul style="list-style-type: none"> <li>• Business Studies-Entrepreneurship</li> <li>• Law</li> <li>• Natural Science</li> <li>• Agricultural Science</li> <li>• Industrial Technology</li> <li>• Environmental Science</li> </ul>
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i. \_\_\_\_\_

ii. \_\_\_\_\_

<p><b>How did you hear about the UCC/MOEYI ECAP programme?</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> School (teacher/principal)</td> <td><input type="checkbox"/> Newspaper</td> </tr> <tr> <td><input type="checkbox"/> Online advertisement</td> <td><input type="checkbox"/> Radio</td> </tr> <tr> <td><input type="checkbox"/> Online search</td> <td><input type="checkbox"/> Brochure</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Word of Mouth</td> </tr> </table>	<input type="checkbox"/> School (teacher/principal)	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Online advertisement	<input type="checkbox"/> Radio	<input type="checkbox"/> Online search	<input type="checkbox"/> Brochure		<input type="checkbox"/> Word of Mouth	<p><b>When do you intend to commence your programme?</b></p> <p><input type="checkbox"/> September, 2019</p>
<input type="checkbox"/> School (teacher/principal)	<input type="checkbox"/> Newspaper								
<input type="checkbox"/> Online advertisement	<input type="checkbox"/> Radio								
<input type="checkbox"/> Online search	<input type="checkbox"/> Brochure								
	<input type="checkbox"/> Word of Mouth								

### SECTION C: PERSONAL DATA

LAST NAME	FIRST NAME	MIDDLE NAME
MAIDEN NAME	DATE OF BIRTH <small>(dd/mm/yyyy)</small>	GENDER
NATIONALITY	EMAIL ADDRESS	
HOME NUMBER	MOBILE NUMBER	
MAILING ADDRESS	PERMANENT ADDRESS (if different from mailing address)	

Do you have any chronic health conditions?  Yes  No (If yes please state) \_\_\_\_\_

Do you have any physical or learning disabilities?  Yes  No (If yes please state) \_\_\_\_\_

**SECTION D: PARENT/GUARDIAN PERSONAL DATA**

**Refer to Form to be filled out**

FULL NAME	TELEPHONE NUMBER	EMAIL ADDRESS
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**SECTION E: SOURCE OF FUNDING**

*To be completed by all applicants, except CAP students or graduates applying for a MOEYI Occupational/Technical Associate Degree*

<p>What is your source of funding?</p> <p>Self <input type="checkbox"/></p> <p>Parent <input type="checkbox"/></p> <p>Local Loan Students' Loan Bureau, etc <input type="checkbox"/></p> <p>Overseas Loan <input type="checkbox"/></p> <p>Sponsorship <input type="checkbox"/></p>	<p>If receiving sponsorship (from a company or organisation):</p> <p>a. Organisation: _____</p> <p>b. Authorising Personel: _____</p> <p>c. Position: _____</p> <p>d. Telephone #: _____</p> <p>e. Level of Sponsorship:</p> <p>Complete      Partial      (amount) \$ _____</p> <p>Signature: _____</p>
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Are you also applying for a JAMVAT scholarship through the Ministry of Education, Youth and Information? Yes  No

Is either of your parents a public sector employee? Yes  No  If yes, have you applied for a tertiary grant from the MOF? Yes  No

**SECTION F: EDUCATION BACKGROUND**

Are you currently attending high school? Yes <input type="checkbox"/> No <input type="checkbox"/>	Current Grade: 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> N/A <input type="checkbox"/>
Are you a CAP student or a graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a PATH beneficiary? Yes <input type="checkbox"/> No <input type="checkbox"/>

HIGH SCHOOL ATTENDING/ ATTENDED	SUBJECTS PURSUING/ PURSUED	YEAR	AWARD (CXC, O'LEVEL, HEART/CAP)	RESULT

**SECTION G: PARENT/GUARDIAN CONSENT**

*This is required if you are younger than 18 years of age*

NAME OF PARENT/GUARDIAN

TELEPHONE NUMBER

RELATIONSHIP TO APPLICANT

ADDRESS

DATE

SIGNATURE

**SECTION H: APPLICANT'S DECLARATION**

- My signature certifies that I agree to abide by the policies, rules and regulations of the institution.
- I also understand that the institution reserves the right to suspend or dismiss any student at anytime for disciplinary misconduct or when such an action is deemed to be in the best interest of the student and student body.
- I understand that withholding information requested or falsification of information given will result in disciplinary action and make me ineligible for admission and enrollment.

APPLICANT'S SIGNATURE

DATE

**HOST INSTITUTIONS (WITHIN EACH PARISH CLUSTER)**

**St. Andrew**  
Oberlin High

**Clarendon**  
Edwin Allen  
Vere Technical High

**Kingston**  
Penwood High  
UCC Main Campus

**St. Mary**  
Annotto Bay High  
Marymount High  
St. Mary High  
St. Mary Technical High  
Oracabessa High

**St. Thomas**  
Robert Lightbourne High  
Seaforth High  
Yallahs High

**St. Ann**  
Village Academy  
(UCC Ocho Rios Campus)

**St. Elizabeth**  
St. Elizabeth Technical High  
Lacovia High  
Maggotty High  
Munro College  
Newell High  
Roger Clarke High

**Manchester**  
Cross Keys High  
Holmwood Technical High  
Manchester High  
May Day High  
Mile Gully High  
Winston Jones High

**Portland**  
Buff Bay High

**Trelawny**  
Holland High

**St Catherine**  
Bridgeport High  
Charlemont High  
Edith Bennet High  
Eltham High  
Glengoffe High  
Greater Portmore High  
Guys Hill High  
Jose Marti Technical High

**St. James**  
Cambridge High  
Cornwall College  
Green Pond High