



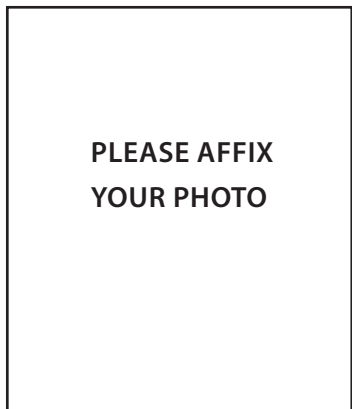
A P P L I C A T I O N F O R A D M I S S I O N

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- Study option may be withdrawn in the event of under-enrolment in a given programme.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



**JAMAICA (Select a location nearest you)**

- KINGSTON
- MONTEGO BAY
- OCHO RIOS
- MANDEVILLE

**CARIBBEAN (Select your location)**

- ANTIGUA & BARBUDA
- DOMINICA
- ST. VINCENT & THE GRENADINES
- ST. KITTS
- BARBADOS
- GRENADA
- ST. LUCIA
- 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
1	1

**SECTION A: Programme Study Option**

<p><b>1</b> 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"> <li>• Commonwealth Executive Master of Business Administration (CEMBA) <input type="checkbox"/></li> <li>• Commonwealth Executive Master of Public Administration (CEMPA) <input type="checkbox"/></li> <li>• Master of Business Administration (MBA) <input type="checkbox"/></li> <li>• Single Module/Course <input type="checkbox"/></li> </ul>	<p><b>2</b> Study Options:  <b>CEMPA/CEMBA</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Sunday afternoon &amp; one evening per week (Kingston &amp; Mandeville)</li> <li><input type="checkbox"/> Sundays only (Ocho Rios &amp; Montego Bay)</li> <li><input type="checkbox"/> UCC Online</li> <li><input type="checkbox"/> Caribbean</li> </ul>	<p><b>3</b> Study Options:  <b>MBA</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Sunday afternoon &amp; one evening per week (Kingston)</li> <li><input type="checkbox"/> UCC Online</li> <li><input type="checkbox"/> Caribbean</li> </ul>
---	---	---

**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**

<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
<b>7</b> COUNTRY OF BIRTH	<b>8</b> COUNTRY OF RESIDENCE	

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

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

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

<b>13</b> 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	
<b>14</b> (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



## SECTION C: Source of Funding

<b>1</b> 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"/>	<b>2</b> 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: _____	<b>OFFICIAL STAMP OF SPONSORING ORGANISATION</b>
---	---	--

## 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: _____
--	---

### 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
----------------	----------------------	-----------

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

<b>UCC RECRUITER:</b>		
	NAME	I.D. NUMBER