



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 processing fee of **JA\$1000** or **US\$10** should also accompany this application.

PLEASE NOTE

- Study option may be withdrawn in the event of under-enrollment in a given programme.
- Available study options to Diploma students are Day, Evening or Sunday.

**PLEASE AFFIX
YOUR PHOTO**

JAMAICA (Select a location nearest you)

- KINGSTON MANDEVILE
 MAY PEN MONTEGO BAY
 OCHO RIOS SAVANNA-LA-MAR

EASTERN CARIBBEAN (Select your location)

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

SECTION A: Programme | Semester | Study Option

<p>1 Programme for which you are applying</p> <p>_____</p> <p>First Option:</p> <p>_____</p> <p>Second Option:</p> <p>_____</p>	<p>2 Preferred Study Option (Please indicate order of preference by placing the numbers 1, 2 & 3 in the respective boxes, 1 being the most preferred)</p> <p><input type="checkbox"/> Full-Time <input type="checkbox"/> Weekday Evenings <input type="checkbox"/> Sundays Only <input type="checkbox"/> Distance Education <input type="checkbox"/> "Early Bird" (Mon-Thurs 7:00am-8:30am and Sundays [3hrs] or 1 evening) <input type="checkbox"/> Regional (Blended)</p>	<p>3 State the term and the year you intend to commence your programme.</p> <p><input type="checkbox"/> September (20__) <input type="checkbox"/> May (20__) <input type="checkbox"/> January (20__)</p>
--	--	---

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

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

7. Do you have any physical disabilities? No Yes (Please state) _____

8 HOME NUMBER	MOBILE NUMBER	WORK NUMBER
9 MAILING ADDRESS		10 PERMANENT ADDRESS (if different from mailing address)

11 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>1 What is your source of funding?</p> <p>Self <input type="checkbox"/> Employer <input type="checkbox"/> Local Loan <input type="checkbox"/> Overseas Loan <input type="checkbox"/> Sponsorship <input type="checkbox"/></p>	<p>2 If receiving sponsorship:</p> <p>a. Organization: _____</p> <p>b. Authorising Personnel: _____</p> <p>c. Position _____</p> <p>d. Telephone #: _____</p> <p>e. Level of Sponsorship: Complete <input type="checkbox"/> Partial <input type="checkbox"/> (Amount) \$ _____</p> <p>Signature: _____</p>	<p>PLEASE AFFIX ORGANIZATION STAMP HERE</p>
--	--	--

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: Student Ambassador Programme

1. Please indicate the person who referred you to UCC under the STUDENT AMBASSADOR PROGRAMME.

STUDENT'S NAME _____ PROGRAMME (IF KNOWN) _____ TELEPHONE _____

2. Where did you hear about UCC?

Newspaper Brochure Website Word of Mouth Other _____

SECTION F: Referee Information

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

1. NAME _____ ADDRESS _____ TELEPHONE NUMBER _____

2. NAME _____ ADDRESS _____ TELEPHONE NUMBER _____

Parent/Gaurdian 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, including UCC Conditions of Enrollment and Refund Policy 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 RECRUITOR:

NAME _____

I.D. NUMBER _____