



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 must also accompany this application.

PLEASE NOTE:

- Study option may be withdrawn in the event of under-enrollment in a given programme.
• Available study options for Diploma students are Day, Evening or Sunday.
• Available study options for Eastern Caribbean students are: UCC online (Blended) and Face-to-Face (On Campus).

PLEASE AFFIX YOUR PHOTO

JAMAICA (Select a location nearest you)

- KINGSTON, MANDEVILE, MAY PEN, MONTEGO BAY, OCHO RIOS, SAVANNA-LA-MAR, PORTMORE, SPANISH TOWN

EASTERN CARIBBEAN (Select your location)

- ANTIGUA & BARBUDA, BARBADOS, DOMINICA, GRENADA, ST. VINCENT & THE GRENADINES, ST. LUCIA, ST. KITTS, SURINAME, GUYANA

Indicate your level of English Language proficiency, using a number from 1 to 5. (1 = "very poor" and 5 = "excellent")

Table with columns WRITTEN and ORAL for proficiency levels.

SECTION A: Programme | Semester | Study Option

Form section 1-3: Programme for which you are applying, Preferred Study Option, and State the term and the year you intend to commence your programme.

Form section 4-6: Questions about previous attendance, current enrollment, and internet access.

SECTION B: Personal Data

Form section 1-6: Personal data fields including last name, first name, maiden name, date of birth, gender, marital status, nationality, and email address.

Form section 7: Question about physical disabilities.

Form section 8-10: Contact information including home, mobile, and work numbers, mailing address, and permanent address.

Form section 11: Employment information including present employer, years in employment, current position, and telephone/fax numbers.

Form section 12: Emergency contact information including last name, first name, relationship, and telephone number.

SECTION C: Source of Funding

Form section 1-2: Source of funding and sponsorship details, including organization, authorizing personnel, position, telephone number, level of sponsorship, and signature.

PLEASE AFFIX ORGANISATION STAMP HERE

## 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   
  Radio   
  Brochure   
  Website   
  Word of Mouth   
  Other (please specify) \_\_\_\_\_

## 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 PARENT/GUARDIAN (LAST NAME) \_\_\_\_\_

FIRST NAME \_\_\_\_\_

MIDDLE NAME \_\_\_\_\_

RELATIONSHIP TO APPLICANT \_\_\_\_\_

HOME NUMBER \_\_\_\_\_

MOBILE NUMBER \_\_\_\_\_

WORK NUMBER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PERMANENT ADDRESS (if different from mailing address) \_\_\_\_\_

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 organisation's/ professional/personal goals?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 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.
- 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.
- 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.

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 \_\_\_\_\_