



APPLICATION FOR PRE-UNIVERSITY PROGRAMME

INSTRUCTIONS: PLEASE COMPLETE ALL SECTIONS OF THIS FORM

- Answer ALL sections IN BLOCK CAPITALS.
- One (1) passport size photograph and a copy of your birth certificate should accompany this form.
- Attach all supporting documents (eg. Transcript, CXC/GCE passes etc.).  
(Original copies of supporting documents must be submitted within ten (10) working days after receipt of application)
- 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- Study option may be withdrawn in the event of under-enrollment in a given programme.

We encourage you to apply online at [www.ucc.edu.jm](http://www.ucc.edu.jm). If you do, the application fee is not required. If you choose to print the PDF application and hand it in, please sign and drop off all documents and the nonrefundable \$1000 application fee to:

Office of the Registrar, 17 Worthington Ave., Kingston 5



Select campus/for study:

<input type="checkbox"/> UCC MAIN CAMPUS - Kingston	<input type="checkbox"/> UCC CENTRE - MANDEVILLE
<input type="checkbox"/> PORTMORE	<input type="checkbox"/> UCC CENTRE - OCHO RIOS
<input type="checkbox"/> SPANISH TOWN	<input type="checkbox"/> UCC CENTRE - MONTEGO BAY
<input type="checkbox"/> ST. MARY	<input type="checkbox"/> UCC CENTRE - SAVANNA-LA-MAR
<input type="checkbox"/> CLARENDON	

SECTION A: Programme | Semester | Study Option

<p><b>1</b> Programme for which you intend to apply:</p> <p>_____</p> <p>First Option: (e.g., BSc, IT)</p> <p>_____</p> <p>Second Option:</p> <p>_____</p>	<p><b>2</b> Preferred Study Option (Please indicate order of preference by placing the numbers 1, 2 &amp; 3 in the respective boxes, 1 being the most preferred)</p> <p><input type="checkbox"/> Full-Time                      <input type="checkbox"/> Weekday Evenings</p> <p><input type="checkbox"/> Sundays Only</p> <p><input type="checkbox"/> "Early Bird" (Mon-Fri. 7:00am-8:30am)</p>	<p><b>3</b> State the term and the year you intend to commence your programme.</p> <p><input type="checkbox"/> September ( 20___ )</p>
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SECTION B: Personal Data

<b>1</b> LAST NAME	FIRST NAME	MIDDLE NAME
MAIDEN NAME (if applicable)	<b>2</b> DATE OF BIRTH (dd/mm/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>5</b> EMAIL ADDRESS
<b>6</b> HOME NUMBER	MOBILE NUMBER	WORK NUMBER
<b>7</b> MAILING ADDRESS	<b>8</b> PERMANENT ADDRESS (if different from mailing address)	

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

<b>10</b> PRESENT EMPLOYER	NUMBER OF YEARS IN PRESENT EMPLOYMENT	TOTAL YEARS OF EMPLOYMENT	
CURRENT POSITION / JOB TITLE	TELEPHONE NUMBER	FAX NUMBER	
<b>11</b> LAST NAME (NEXT OF KIN)	FIRST NAME	RELATIONSHIP	TELEPHONE NUMBER
LAST NAME (IN CASE OF EMERGENCY)	FIRST NAME	RELATIONSHIP	TELEPHONE NUMBER

SECTION C: Source of Funding

<p><b>1</b> What is your source of funding?</p> <p>Self <input type="checkbox"/></p> <p>Parent <input type="checkbox"/></p> <p>Local Loan <input type="checkbox"/></p> <p>Overseas Loan <input type="checkbox"/></p> <p>Sponsorship <input type="checkbox"/></p>	<p><b>2</b> 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>
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