



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- Study option may be withdrawn in the event of under-enrollment in a given programme.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 MANDEVILLE
 MAY PEN MONTEGO BAY
 OCHO RIOS SAVANNA-LA-MAR
 PORTMORE SPANISH TOWN

EASTERN CARIBBEAN (Select your location)

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

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

WRITTEN	ORAL

SECTION A: Programme | Semester | Study Option

<p>1 Programme for which you are applying</p> <p>First Option: _____</p> <p>Second Option: _____</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"/> UCC Online (Blended) <input type="checkbox"/> "Early Bird" <small>(Mon-Thurs 7:00am-8:30am and Sundays [3hrs] or 1 evening)</small> </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>
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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

12 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>1 What is your source of funding?</p> <p> <input type="checkbox"/> Self <input type="checkbox"/> Employer <input type="checkbox"/> Local Loan <input type="checkbox"/> Overseas Loan <input type="checkbox"/> Sponsorship </p>	<p>2 If receiving sponsorship:</p> <p>a. Organisation: _____</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 ORGANISATION STAMP HERE</p>
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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?

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 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 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