



INSTRUCTIONS: PLEASE COMPLETE ALL SECTIONS OF THIS FORM

- Answer ALL sections IN CAPITAL LETTERS with a BLACK INK BALLPOINT PEN.
• 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- Study option may be withdrawn in the event of under-enrollment in a given programme.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")

Table with columns WRITTEN and ORAL

SECTION A: Programme | Semester | Study Option

Form section A containing questions 1, 2, and 3 regarding programme, study options, and start dates.

Questions 4, 5, and 6 regarding previous attendance, current enrollment, and internet access.

SECTION B: Personal Data

Form section B containing questions 1 through 6 regarding personal information like name, birth date, gender, and marital status.

Question 7 regarding physical disabilities.

Form section B containing questions 8 through 10 regarding contact numbers and addresses.

Form section B containing questions 11 regarding employment details.

Form section B containing question 12 regarding emergency contact information.

SECTION C: Source of Funding

Form section C containing questions 1 and 2 regarding funding sources and sponsorship details.

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?

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 _____