



# UNIVERSITY COLLEGE OF THE CARIBBEAN

## Application for Admission

**INSTRUCTIONS:** Kindly 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 (e.g. Transcripts, CXC/GCE passes etc)
- A non – refundable application fee of \$1,000.00 should also accompany the 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- Study option may be withdrawn in the event of under-enrollment in a given programme.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.
- The A.Sc. and B.Sc. In Business Administration are currently available by distance education.

**PLEASE  
AFFIX  
YOUR  
PHOTO**

### SELECT THE LOCATION NEAREST YOU

- |                                     |   |                                    |
|-------------------------------------|---|------------------------------------|
| <input type="checkbox"/> KINGSTON   | <input type="checkbox"/> MONTEGO BAY    | <input type="checkbox"/> OCHO RIOS |
| <input type="checkbox"/> MANDEVILLE | <input type="checkbox"/> SAVANNA-LA-MAR | <input type="checkbox"/> MAY PEN   |

### Section A: Programme, Semester and Study Option

<b>1. Programme for which you are applying:</b>  First Option: _____  Second Option: _____	<b>2. Preferred Study Option</b> (Please indicate order of preference by placing the numbers 1,2 & 3 in the respective boxes, 1 being the most preferred) <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 7:00-8:30a.m. and Sundays (3 hrs) or 1 evening)	<b>3. State the term and the year you intend to commence your programme:</b>  <input type="checkbox"/> September (20__) <input type="checkbox"/> May (20__) <input type="checkbox"/> January (20__)
<b>4. Have you previously attended IMS, IMP or UCC? YES <input type="checkbox"/> (From _____ to _____ ) Programme _____ NO <input type="checkbox"/></b>		
<b>5. Are you currently enrolled with UCC? YES <input type="checkbox"/> (From _____ to _____ ) Programme _____ NO <input type="checkbox"/></b>		
<b>6. Do you have access to high speed internet at: Home <input type="checkbox"/> Work <input type="checkbox"/> No Access <input type="checkbox"/> Other _____</b>		

### Section B: Personal Data

<b>1. Name:</b>			
<b>a. Title:</b>	<b>b. Surname:</b>	<b>c. Christian Name:</b>	<b>d. Middle Name:</b>
<b>e. Maiden Name:</b> (if applicable)		<b>2. Date of Birth:</b> (dd/mm/yyyy)	<b>3. Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>4. Marital Status:</b> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>		<b>5. Nationality:</b>	<b>6. Email Address:</b>
<b>7. Do you have any physical disabilities? YES <input type="checkbox"/> NO <input type="checkbox"/> ; If yes, please state: _____</b>			
<b>8. Contact Information:</b>			
<b>a. Home No.:</b>		<b>b. Work No.:</b>	<b>c. Mobile:</b>
<b>9. Mailing Address:</b> Apt/Street/P.O. Box		<b>10. Permanent Address:</b> Apt/Street/P.O. Box (If different from mailing)	
<b>11. Current Employment Details:</b>			
<b>a. Organisation and Address:</b>		<b>b. No. of Years in Present Employment:</b>	<b>c. Total Years of Employment:</b>
<b>d. Current Position / Job Title:</b>		<b>e. Telephone:</b>	<b>f. Fax No:</b>

### Section C: Source of Funding

<b>1. What is your source of funding?</b>  Self <input type="checkbox"/> Employer <input type="checkbox"/> Local Loan <input type="checkbox"/> Overseas Loan <input type="checkbox"/>	<b>2. (IN CASE OF SPONSORSHIP FROM EMPLOYER)</b> <b>a. Authorising Personnel:</b> _____ <b>b. Position:</b> _____ <b>c. Telephone:</b> _____ <b>d. Level of Sponsorship: Complete <input type="checkbox"/></b> Partial <input type="checkbox"/> Amount \$ _____  <b>Signature:</b> _____	PLEASE AFFIX COMPANY STAMP HERE
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**Section D: Educational Background**

Secondary School / Institution Attended	Subject / Programme Pursued	Year	Award	Result
Teritary Institution(s) 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?

Radio

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 current employer:

1. Name \_\_\_\_\_ Address \_\_\_\_\_ Tel. No. \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_ Tel. No. \_\_\_\_\_

**PARENT / GUARDIAN CONSENT IF APPLICANT IS UNDER 18 YEARS**

Applicant's Name: \_\_\_\_\_

Name of Parent / Guardian: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. # (work): \_\_\_\_\_

Tel. # (home): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Section G: Declaration**

How does your intention to study for this programme fit into you 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 all 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 OFFICAL USE ONLY**

Number of Transfer Credits: \_\_\_\_\_ Institution from which credit is transferred: \_\_\_\_\_

Decision: Full acceptance  Denied

Provisional Acceptance  Outstanding Requirements: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name of Admissions Committee Representative

Signature

Date

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name of Admissions Officer

Signature

Date

**UCC RECUITER**

Name: \_\_\_\_\_ ID #: \_\_\_\_\_