



# THE UNIVERSITY OF THE WEST INDIES

## APPLICATION FOR FIRST DEGREE, ASSOCIATE DEGREE, DIPLOMA AND CERTIFICATE PROGRAMMES

The accompanying Instruction sheet provides detailed information on the completion of this application form. All applicants are urged to read this information carefully.

### SECTION A – PERSONAL DATA

<b>1. Name</b>					
Title	Last Name/Surname	First Name	Middle Name(s)		
2. a) <b>Former Name (if applicable)</b> <input type="checkbox"/> Maiden <input type="checkbox"/> Prior to Deed Poll					
Title	Last Name/Surname	First Name	Middle Name(s)		
3. <b>Have you previously applied to the UWI?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			5. <b>If answer to question 4 is yes, please state the following:</b>		
4. <b>Have you previously been a student at the UWI?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			a) UWI Identification Number	b) From (year)	c) To (year)
			d) Campus		
e) Programme					
6. a) <b>Permanent Address :</b> Apt/Street/PO Box			7. a) <b>Mailing Address</b> (if different from 6): Apt/Street/PO Box		
City/Town/Post Office			City/Town/Post Office		
Parish/County			Parish/County		
State			State		
Zip/Postal Code			Zip/Postal Code		
Country			Country		
b) <b>Home/Permanent Phone</b> ( ) -			b) <b>Mailing Address Phone</b> ( ) -		c) <b>Name of Contact</b> (if any)
c) <b>Cell Phone</b> ( ) -			d) <b>Active Dates</b> (if applicable) Fr ___/___/___ To ___/___/___		
d) <b>Fax Number</b> ( ) -			e) <b>Work Phone</b> ( ) - Ext:		
e) <b>Name of Contact</b> (if any)			f) <b>Email Address</b>		
8. <b>Gender</b> <input type="checkbox"/> Female <input type="checkbox"/> Male			9. <b>Date of Birth</b> (dd/mm/yyyy) ___/___/___		10. <b>Tax Number /National ID</b>
11. <b>Marital Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			12. <b>Religion/Denomination</b>		
13. <b>Country of Birth/National of</b>		14. <b>Country of Citizenship</b>		15. a) <b>Country of Residence</b>	b) <b>Duration</b> (yrs.)
16. <b>Country of Responsibility for Fees</b> (see Instruction _)		17. <b>Father's Nationality</b>		18. <b>Mother's Nationality</b>	
19. a) <b>Do you have a disability?</b> (This information is needed in case special facilities are required) <input type="checkbox"/> Yes <input type="checkbox"/> No			b) If yes, please specify		
20. <b>Emergency Contact Information:</b>					
a) <b>Name</b>					
title	Last Name/Surname	First Name	Middle Initial	b) <b>Relationship to Applicant</b>	
c) <b>Permanent Address</b> Apt/Street/PO Box			d) <b>Emergency Contact Home/Permanent Phone</b> ( ) -		
			e) <b>Emergency Contact Cell Phone</b> ( ) -		
City/Town/Post Office			f) <b>Emergency Contact Work Phone</b> ( ) - Ext:		
Parish/County					



**8. List academic programmes or examinations for which you are currently preparing or awaiting examination results.**

Examining Body (e.g. CXC, CSEC, UWI)	Level	Subject/Programme	Date of Exam (dd/mm/yyyy)	Grade [official use only]

**9. List educational institutions attended and any other programmes or courses you have completed, from Secondary school to present.**

Institution Name & Address	From (mm/yyyy)	To (mm/yyyy)	Type of Programme (e.g. Cert/Dip)	Subject	Grade/Class of Award
	/ /	/ /			
	/ /	/ /			
	/ /	/ /			
	/ /	/ /			
	/ /	/ /			
	/ /	/ /			
	/ /	/ /			
	/ /	/ /			
	/ /	/ /			
	/ /	/ /			

**10. Please list any sporting/community/cultural or social activities in which you have been involved.**

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**SECTION D – FINANCIAL RESOURCES**

**1. Source of Funding**

- Government (specify): \_\_\_\_\_    
  Loan    
  Self    
  Institution of Origin  
 Donor (specify): \_\_\_\_\_    
  Parents    
  Award (specify): \_\_\_\_\_

**2. Will you be able to meet your financial obligation by August of year of acceptance?**

- Yes    
  No

**SECTION E - EMPLOYMENT RECORD**

**3. List employment information starting with your current job**

<b>a) Name of Employer</b>				<b>b) Name of Employer</b>			
<b>Position</b>				<b>Position</b>			
<b>Address: Apt/Street/PO Box</b>				<b>Address: Apt/Street/PO Box</b>			
City/Town/Post Office		Parish/County		City/Town/Post Office		Parish/County	
State	Zip/Postal Code	Country		State	Zip/Postal Code	Country	
<b>From</b> _____/_____/_____		<b>To</b> _____/_____/_____		<b>From</b> _____/_____/_____		<b>To</b> _____/_____/_____	

<b>c) Name of Employer</b>				<b>d) Name of Employer</b>											
<b>Position</b>				<b>Position</b>											
<b>Address:</b> Apt/Street/PO Box				<b>Address:</b> Apt/Street/PO Box											
City/Town/Post Office				Parish/County		City/Town/Post Office				Parish/County					
State		Zip/Postal Code		Country		State		Zip/Postal Code		Country					
<b>From</b> / /				<b>To</b> / /				<b>From</b> / /				<b>To</b> / /			

**SECTION F – REFEREE INFORMATION**

**4. Name Two Referees** (Certificate, Diploma & Mature Applicants for Associate Degrees only) (Recommendation from your employer must accompany application)

<b>a) Name of Referee</b>						<b>b) Name of Referee</b>											
<b>Name of Organization</b>						<b>Name of Organization</b>											
<b>Position</b>						<b>Position</b>											
<b>Address:</b> Apt/Street/PO Box						<b>Address:</b> Apt/Street/PO Box											
City/Town/Post Office				Parish/County		City/Town/Post Office				Parish/County							
State		Zip/Postal Code		Country		State		Zip/Postal Code		Country							
Telephone Number ( ) -			Fax Number ( ) -			Email Address			Telephone Number ( ) -			Fax Number ( ) -			Email Address		

**SECTION G - DECLARATION**

<p>5. I hereby certify that I have read and understood the instructions and the information necessary for completing this application and that all statements made are true and complete. I intend to provide such fees as may be payable to the University. I understand that otherwise my admission to or registration in the University may be revoked.</p> <p>_____ Signature of Applicant</p> <p>_____/_____/_____ Date (dd/mm/yyyy)</p>	<p>46. This application is made with my consent and I intend to provide such fees as may be payable to the University.</p> <p>_____ Signature of Parent/Guardian</p> <p>_____/_____/_____ Date (dd/mm/yyyy)</p>
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**FOR OFFICIAL USE ONLY**

<p><b>Documents Received:</b></p> <p><input type="checkbox"/> Application Fee      Receipt no.: _____</p> <p><input type="checkbox"/> Birth Certificate</p> <p><input type="checkbox"/> Marriage Certificate</p> <p><input type="checkbox"/> Deed Poll</p> <p><input type="checkbox"/> Transcripts</p> <p><input type="checkbox"/> Academic Qualifications eg. CAPE/CSEC (CXC)/GCE</p> <p><input type="checkbox"/> Referee Reports</p> <p><input type="checkbox"/> Other (specify): _____</p>	<p><b>Original Documents Returned:</b></p> <p>_____ Signature of Applicant</p> <p>_____/_____/_____ Date (dd/mm/yyyy)</p> <p>_____ Signature of University Officer</p> <p>_____/_____/_____ Date (dd/mm/yyyy)</p>
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**OFFICIAL ASSESSMENT:**

Qualified     D      A      O      AU

Other Qualifications     X        Qualifying     F      QA      OU      QO

Refer for decision re Matriculation     M     Not Qualified     U     Re-entry     R

Sponsored Contributing     S     Non Sponsored Contributing     NS     Non-Contributing     NC