



**THE UNIVERSITY OF THE WEST INDIES  
OPEN CAMPUS**

**REGISTRY OF STUDENT SERVICES  
RECRUITMENT, ADMISSIONS & REGISTRATION**

Phone: (868) 662-2002 exts. 2607/2271; Fax: (868) 662-9747 email: admissions@open.uwi.edu

**APPLICATION FOR SPECIAL ADMISSION**

*This application form is to be completed by non-UWI students who wish to register for courses offered at the Open Campus for academic enhancement, professional development or personal enrichment. Please note that Special Admission students are registered to sit examinations and Occasional students cannot sit examinations. The application form and supporting documents are submitted to Admissions, Open Campus through Open Campus Sites.*

**SECTION A – PERSONAL DATA**

<b>1. Name</b>					
Title	Last Name/Surname		First Name	Middle Name(s)	
<b>2. a) Former Name (if applicable)</b>					
Title	Last Name/Surname	First Name	Middle Name(s)	b) Type of Former Name <input type="checkbox"/> Maiden <input type="checkbox"/> (Prior to) Deed Poll	
<b>3. Have you previously applied to the UWI?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>5. If answer to question 4 is yes, please state the following:</b>		
<b>4. Have you previously been a student at the UWI?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			a) Identification Number	b) From (year)	c) To (year)
			d) Campus		
			e) Programme		
<b>6. a) Permanent Address:</b> Apt/Street/PO Box			<b>7. a) Mailing Address</b> (if different from 6): Apt/Street/PO Box		
City/Town/Post Office/Post Office			City/Town/Post Office		
Parish/County			Parish/County		
State	Zip/Postal Code	Country	State	Zip/Postal Code	Country
<b>b) Name of Contact</b> (if any)			<b>b) Name of Contact</b> (if any)		<b>c) Active Dates</b> (if applicable) Fr ____ / ____ / ____ To ____ / ____ / ____
<b>8. Home/Permanent Phone</b> (____) - _____			<b>9. Mailing Address Phone</b> (____) - _____		
<b>10. Cell Phone</b> (____) - _____			<b>11. Work Phone</b> (____) - _____ Ext: _____		
<b>12. Fax Number</b> (____) - _____			<b>13. Email Address</b>		
<b>14. Gender</b> <input type="checkbox"/> Female <input type="checkbox"/> Male			<b>15. Date of Birth</b> (yyyy/mm/dd) ____ / ____ / ____		<b>16. Tax Number/National ID</b>
<b>17. 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			<b>18. Religion/Denomination</b>		
<b>19. Country of Birth/National of</b>		<b>20. Country of Citizenship</b>		<b>21. a) Country of Residence</b>	<b>b) Duration</b> (yrs.)
<b>22. a) 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>b) If yes, please specify</b>		

**SECTION B – ACADEMIC PROFILE**

<b>23. a) Academic year</b>	<b>24. Level of Study</b> <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate	<b>25. Applicant Type</b> <input type="checkbox"/> Special Admission <input type="checkbox"/> Occasional	
<b>26. Open Campus Site</b>			
<b>27. Please list the courses you wish to take at the UWI:</b>			
<b>Course Code</b>	<b>Course Title</b>	<b>Course Code</b>	<b>Course Title</b>

**SECTION C – ACADEMIC RECORD**

**28. Please list educational institutions attended and any other programmes or courses you have taken, beginning with the most recent.**

Institution Name & Address	From (mm/yyyy)	To (mm/yyyy)	Type of Programme (e.g. Cert/Dip/Deg)	Subject Area/Major	Class of Award/GPA
	__/____	__/____			
	__/____	__/____			

