



THE UNIVERSITY OF THE WEST INDIES

APPLICATION FOR FIRST 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

1. Name					
Title	Last Name/Surname	First Name	Middle Name (s)		
2. a) Former Name (if applicable)					
Title	Last Name/Surname	First Name	Middle Name(s)	b) Type of Former Name <input type="checkbox"/> Maiden <input type="checkbox"/> (Prior to)Deed Pool	
3. Have you previously applied to the UWI? <input type="checkbox"/> Yes <input type="checkbox"/> No			5. If answer to question 4 is yes, please state the following:		
			a) Identification Number	b) From (year)	c) To (year) d) Campus
4. Have you previously been a student at the UWI? <input type="checkbox"/> Yes <input type="checkbox"/> No			e) Programme		
6. a) Permanent Address: Apt/Street/PO Box			7. a) Mailing address (if different from 6): Apt/Street/PO Box		
City/Town/Post Office			City/Town/Post Office		
Parish/Country			Parish/Country		
State	Zip/Postal Code	Country	State	Zip/Postal Code	Country
b) Name of Contact (if any)			b) Name of Contact (if any)		c) Active Dates (if applicable) Fr ____/____/____ To ____/____/____
8. Home/Permanent Phone () -			9. Mailing Address Phone () -		
10. Cell Phone () -			11. Work Phone () - Ext:		
12. Fax Number () -			13. Email Address () -		
14. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male			15. Date of Birth (dd/mm/yyyy) ____/____/____		16. Tax Number/National ID
17. Marital Status <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			18. Religion/Denomination		
19. Country of Birth/National of		20. Country of Citizenship		21. a) Country of Residence b) Duration (yrs.)	
22. Country of Responsibility for Fees (see Instruction)		23. Father's Nationality		24. Mother's Nationality	
25. a) Do you have a disability? (This information is needed in case special facilities are required) <input type="checkbox"/> Yes <input type="checkbox"/> No			b) If yes, please specify		
26. Emergency Contact Information:					
a) Name					
Title	Last Name/Surname	First Name	Middle Initial	b) Relationship to Applicant	
c) Permanent Address Apt/Street/PO Box			d) Emergency Contact Home/Permanent Phone () -		
			e). Emergency Contact Cell Phone () -		
City/town/Post Office		f. Emergency Contact Work Phone			
Parish/Country		() - Ext:			
State	Zip/Postal Code	Country			

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

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

45. List educational institutions attended and any other any other programmes of courses you have completed, which you wish to be used to satisfy the Matriculation Regulations of the University and Faculty Entrance Requirements.

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

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

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SECTION D – FINANCIAL RESOURCES

47. Expected Source of Funding

- Government (specify): _____
 Loan
 Self
 Institution of Origin
 Donor (specify): _____
 Parents
 Awards (specify): _____

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

- Yes
 No

SECTION E – EMPLOYMENT RECORD

49. List employment information starting with your current job

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

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

SECTION F – REFEREE INFORMATION

50. **Name Two Referees** (Certificate & Diploma Applicants only)

a) Name of Referee			b) Name of Referee		
Name of Organisation			Name of Organisation		
Position			Position		
Address: Apt/Street/PO Box			Address: Apt/Street/PO Box		
City/Town/Post Office			Parish/Country		
State			Zip/Postal Code		Country

SECTION G – DECLARATION

51. I hereby certify that I have read and understood the instruction and the information necessary for completing this application and that all statements made are true and complete. I understand that otherwise my admission to or registration in the University may be revoked.

Signature of Applicant / /
Date (dd/mm/yyyy)

52. This application is made with my consent and I intend to provide such fees as may be payable to the University.

Signature of Parent/Guardian / /
Date (dd/mm/yyyy)

FOR OFFICIAL USE ONLY

<p>Documents Received</p> <input type="checkbox"/> Application Fee Receipt No.: _____ <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Marriage Certificate <input type="checkbox"/> Deed Poll <input type="checkbox"/> Transcript <input type="checkbox"/> CXC/GCE Certificates <input type="checkbox"/> Referee Reports <input type="checkbox"/> Other (specify): _____	<p>Original Documents Returned:</p> <p>_____ Signature of Applicant / / Date (dd/mm/yyyy)</p> <p>_____ Signature of University Officer / / Date (dd/mm/yyyy)</p>
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OFFICIAL ASSESSMENT:

Qualified	<input type="checkbox"/> D	<input type="checkbox"/> A	<input type="checkbox"/> O	<input type="checkbox"/> AU		
Other Qualifications	<input type="checkbox"/> X	Qualifying	<input type="checkbox"/> F	<input type="checkbox"/> QA	<input type="checkbox"/> OU	<input type="checkbox"/> QO
Refer for decision re Matriculation	<input type="checkbox"/> M	Not Qualified	<input type="checkbox"/> U	Re-entry	<input type="checkbox"/> R	
Sponsored Contributing	<input type="checkbox"/> S	Non Sponsored Contributing	<input type="checkbox"/> NS	Non-Contributing	<input type="checkbox"/> NC	