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. The Associate Degree is offered only through the UWI Open Campus (formerly School of Continuing Studies].

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| **SECTION A – PERSONAL DATA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Name** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title | | Last Name/Surname | | | | | | | | | | | | | | | | First Name | | | | | | | | | | | | | | | | Middle Name(s) | | | | | | | | | | | | | | | | | | | | |
| 1. a) **Former Name (if applicable)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title | Last Name/Surname | | | | | | | | | First Name | | | | | | | | | | | | | | | | | Middle Name(s) | | | | | | | | | | | | | Type of Former Name :      Maiden Prior to Deed Poll | | | | | | | | | | | | | | |
| 1. **Have you previously applied to the UWI?**   Yes No   1. **Have you previously been a student at the UWI?**   Yes No | | | | | | | | | | | | | | | | | 1. **If answer to question 4 is yes, please state the following:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a) UWI Identification Number Identification Number | | | | | | | | | | | | b) From (year) | | | | | | | c) To (year) | | | | | | | | | d) Campus | | | | | | | | | |
| e) Programme | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. a) **Permanent Address**: Apt/Street/PO Box | | | | | | | | | | | | | | | | | | | | | | | | | 1. a) **Mailing Address** (if different from 6): Apt/Street/PO Box | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| City/Town/Post Office | | | | | | | | | Parish/County | | | | | | | | | | | | | | | | City/Town/Post Office | | | | | | | | | | | | | | | | | Parish/County | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **14Gender**  Female Male | | | | | | | | | | | | | | | | | | | | | | | | | **15 Date of Birth (dd/mm/yyyy)**  \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | **16. Tax Number /National ID** | | | | | | | | | | | | |
| **17. Marital Status**  Single Married Common Law          Legally Separated Divorced 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)  Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1. If yes, please specify | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **26. Emergency Contact Information:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Name** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title | | | Last Name/Surname | | | | | | | | | | | | | | | | | | | First Name | | | | | | | | | | | | | | | | | Middle Initial | | | | | | | | | | 1. **Relationship to Applicant** | | | | | |
| 1. **Permanent Address** Apt/Street/PO Box | | | | | | | | | | | | | | | | | | | | | | | | | 1. **Emergency Contact Home/Permanent Phone**   ( ) - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | 1. **Emergency Contact Cell Phone**   ( ) - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City/Town/Post Office | | | | | | | | | Parish/County | | | | | | | | | | | | | | | | 1. **Emergency Contact Work Phone**   ( ) - Ext: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State | | | | | Zip/Postal Code | | | | | | | | | | | Country | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 a) **Are you a UWI Staff Member?** Yes No      If yes, state:   1. Staff Identification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Campus/NCC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | 28.a) **Are you a dependent of a UWI Staff Member?** Yes No      If yes, state:   1. Name of Staff Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Relationship to applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Campus/NCC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29.a) **Do you wish to live in a Hall of Residence?**  (see Instruction \_\_\_\_)  Yes No | | | | | | | | | | | | | | | | | | 1. If yes, state Hall | | | | | | | | | | | | | | | | 1. If no, state preference for Hall attachment | | | | | | | | | | | | | | | | | | | | |
| **30. How did you obtain information about the UWI?**  UWI Alumni Direct Mail Employer Internet Media        School/College Fair School Visit Other : Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **SECTION B – CAMPUS, FACULTY, PROGRAMME & STATUS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **31. Faculty of First Choice**  Engineering      Food & Agriculture    Gender & Development Studies  Humanities & Education    Law    Medical Sciences    Science & Technology    Social Sciences | | | | | | | | For Faculty of First Choice, indicate the following: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 32 a) **Campus**  Cave Hill    Mona    St. Augustine    Open Campus | | | | | | | | | | | | 1. Mode of Delivery (OPEN CAMPUS Applicants only)   Online/Distance    Blended    Tertiary Level Institution    Please state Preferred Site  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | **33 Programme**  Degree    Diploma    Certificate    Associate    Degree | | | | | | | | **34 Status**  Full    Time  Part    Time  Evening | | | | | | | | **35 First Preference Major** | | | | | | | | |
| **36. Second Preference Major** | | | | | | | | |
| **37 Faculty of Second Choice**  Engineering      Food & Agriculture    Gender& Development Studies    Humanities & Education    Law    Medical Sciences    Science & Technology    Social Sciences | | | | | | | | For Faculty Second Choice, indicate the following: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 38.a) **Campus**  Cave Hill    Mona    St. Augustine    Open Campus | | | | | | | | | | | | b) Mode of Delivery (OPEN CAMPUS Applicants only)  Online/Distance    Blended    Tertiary Level Institution    Please state Preferred Site **OR** UWI Open Campus Centre  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | **39 Programme**  Degree    Diploma    Certificate    Associate    Degree | | | | | | | | **40 Status**  Full    Time  Part    Time  Evening | | | | | | | | **41 First Preference Major** | | | | | | | | |
| **42 Second Preference Major** | | | | | | | | |
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| **SECTION C – ACADEMIC RECORD** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **43 List all subjects passed at CXC (CSEC) General Proficiency, CXC (CAPE) and GCSE Ordinary and Advanced Levels** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Examining Body (e.g. CXC, Cambridge)** | | | | **Level** | | | | | | | | | | **Subject** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Grade** | | | | | **Date Awarded (mm/yyyy)** | | |
| **CXC (CSEC) General Proficiency and GCSE Ordinary Level subjects passed** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **CXC (CAPE) Unit 1 & Unit 2 and GCSE Advanced Subsidiary & Advanced Level subjects passed** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **44 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]** |
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| **45 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** | |
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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 Source of Funding**  Government (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Loan Self Institution of Origin          Donor (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parents Award (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **48 Will you be able to meet your financial obligation by August of year of acceptance?**  Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| City/Town/Post Office | | | | | | | | | Parish/County | | | | | | | | | | | | | | | City/Town/Post Office | | | | | | | | | | | | | | | | | | Parish/County | | | | | | | | | | | | |
| State | | | | | | | Zip/Postal Code | | | | | | | | Country | | | | | | | | | State | | | | | | | | | | | | | Zip/Postal Code | | | | | | | | | | | Country | | | | | | |
| **From**  \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | **To**  \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | **From**  \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | **To**  \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| **Telephone Number**  **( )** | | | | | | **Fax Number**  **( )** | | | | | | | | | | **Email:** | | | | | | | | **Telephone Number**  **( )** | | | | | | | | | | | **Fax Number**  **( )** | | | | | | | | | | | | | | | **Email:** | | | | |

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| c) **Name of Employer** | | | | | | | | | | d) **Name of Employer** | | | | | | | | |
| **Position** | | | | | | | | | | **Position** | | | | | | | | |
| **Address**: Apt/Street/PO Box | | | | | | | | | | **Address**: Apt/Street/PO Box | | | | | | | | |
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| **From**  \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_ | | | | **To**  \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | **From**  \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | **To**  \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Telephone Number**  **( )** | **Fax Number**  **( )** | | | | | | **Email:** | | | **Telephone Number**  **( )** | | **Fax Number**  **( )** | | | | | **Email:** | |
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| **SECTION F – REFEREE INFORMATION** | | | | | | | | | | | | | | | | | | |
| **50.Name Two Referees** (Certificate, Diploma & Mature Applicants for Associate Degrees only) (Recommendation from your employer must accompany application) | | | | | | | | | | | | | | | | | | |
| a) **Name of Referee** | | | | | | | | | | b) **Name of Referee** | | | | | | | | |
| **Name of Organization** | | | | | | | | | | **Name of Organization** | | | | | | | | |
| **Position** | | | | | | | | | | **Position** | | | | | | | | |
| **Address**: Apt/Street/PO Box | | | | | | | | | | **Address**: Apt/Street/PO Box | | | | | | | | |
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| 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** | | | | | | | | | | | | | | | | | | |
| 51. 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 accept that the University reserves the right to reject this application if the information submitted in its support is based in whole or in part on deception or fraud.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_  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) | | | | | | | | | |
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| **FOR OFFICIAL USE ONLY** | | | | | | | | | | | | | | | | | | |
| **Documents Received:**  Application Processing Fee Receipt no.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Birth Certificate    Marriage Certificate    Deed Poll    Transcripts    Academic Qualifications e.g. CAPE/CSEC (CXC)/GCE, Other    Referee Reports    Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | **Original Documents Returned:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Applicant Date (dd/mm/yyyy)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_  Signature of University Officer Date (dd/mm/yyyy) | | | | | | | | | |
| **OFFICIAL ASSESSMENT:**  AU  A  D  X  O  Qualified Other Qualifications  R  QO  OU  U  QA  F  Qualifying Not Qualified Re-Entry  S  M  Refer for decision re Matriculation Sponsored Contributing  TT  TTNAT CONTN  NS  NC  Non Sponsored Contributing Non-Contributing | | | | | | | | | | | | | | | | | | |
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