



THE UNIVERSITY OF THE WEST INDIES

APPLICATION FOR SPECIAL ADMISSION, OCCASIONAL, EXCHANGE and STUDY ABROAD 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 Poll
3. Have you previously applied to the UWI?		5. If answer to question 4 is yes, please state the following:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		a) Identification Number	b) From (year) c) To (year) d) Campus
4. Have you previously been a student at the UWI?		e) Programme	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
6. a) Permanent Address: Apt/Street/PO Box		7. a) Mailing Address (if different from 6): Apt/Street/PO Box	
City/Town/Post Office/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	
() - -			
14. Gender		15. Date of Birth (dd/mm/yyyy)	
<input type="checkbox"/> Female <input type="checkbox"/> Male		/ / - - - -	
16. Tax Number/National ID		18. Religion/Denomination	
17. Marital Status		19. Country of Birth/National of	
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law		20. Country of Citizenship	
<input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		21. a) Country of Residence b) Duration (yrs.)	
22. a) Do you have a disability? (This information is needed in case special facilities are required) b) If yes, please specify			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

SECTION B – CAMPUS, FACULTY & COURSES

23. Period of Study	24. Level of Study	25. Campus	26. Faculty	27. Applicant Type
<input type="checkbox"/> Academic Year	<input type="checkbox"/> Graduate	<input type="checkbox"/> Cave Hill	<input type="checkbox"/> Engineering	<input type="checkbox"/> Special Admission
<input type="checkbox"/> Semester I	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Mona	<input type="checkbox"/> Gender & Development Studies	<input type="checkbox"/> Occasional
<input type="checkbox"/> Semester II		<input type="checkbox"/> St. Augustine	<input type="checkbox"/> Humanities & Education	<input type="checkbox"/> Exchange
<input type="checkbox"/> Summer		<input type="checkbox"/> UWIDEC	<input type="checkbox"/> Law	<input type="checkbox"/> Study Abroad
Expected Admission date			<input type="checkbox"/> Medical Sciences	
mm / / yyyy			<input type="checkbox"/> Pure & Applied Sciences	
			<input type="checkbox"/> Science & Agriculture	
			<input type="checkbox"/> Social Sciences	

28. a) Please list the courses you wish to take at the UWI:

Semester	Course Code	Course Title	[Official Use Only]	
			Signature of Department Head (where necessary)	Alternative Course

b) Please list alternative courses in the event that those listed above are not available in the semester which you indicated.

Semester	Course Code	Course Title	Signature of Department Head (where necessary)	Alternative Course

29. Proposed Area of Research (Graduate Level Applicants only)

30. a) Are you a UWI Staff Member? Yes No
 If yes, state: _____

b) Staff Identification Number: _____

c) Campus: _____

d) Department: _____

31. a) Are you a dependent of a UWI Staff Member? Yes No
 If yes, state: _____

b) Name of Staff Member: _____

c) Relationship to applicant: _____

d) Campus: _____

e) Department: _____

32. a) Do you wish to live in a Hall of Residence? (see Instruction ____) Yes No
 b) If yes, state Hall _____
 c) If no, state preference for Hall attachment _____

33. How did you obtain information about the UWI?
 UWI Alumni Direct Mail Employer Internet Media
 School/College Fair School Visit Other : Please specify _____

SECTION C – ACADEMIC RECORD

34. 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
Current Institution					
		Expected Completion Date 			
Previous Institutions Attended					

35. List all subjects passed at CXC (CSEC) General Proficiency, CXC (CAPE) and GCSE Ordinary and Advanced Levels

CXC (CSEC) General Proficiency and GCSE Ordinary Level subjects passed

Examining Body (e.g. CXC, Cambridge)	Level	Subject	Grade	Date Awarded (mm/yyyy)

CXC (CAPE) Unit 1 & Unit 2 and GCSE Advanced Subsidiary & Advanced Level subjects passed

Examining Body (e.g. CXC, Cambridge)	Level	Subject	Grade	Date Awarded (mm/yyyy)

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

SECTION D – FINANCIAL RESOURCES

37. Expected Source of Funding

Government (specify): _____ Loan Self Institution of Origin

Donor (specify): _____ Parents Award (specify): _____

38. Will you be able to meet your financial obligation by the time of acceptance?

Yes No

SECTION E - EMPLOYMENT INFORMATION

39. Please indicate current employment information (if applicable)

a) Are you self employed? b) If yes, Indicate the Type of Business

Yes No

c) Name of Employer (if applicable)

d) Position

e) From (dd/mm/yyyy)

____ / ____ / ____

f) Address: Apt/Street/PO Box

Worked Subs...

City/Town/Post Office

Parish/County

State

Zip/Postal Code

Country

SECTION F – EMERGENCY CONTACT INFORMATION

40. Please indicate information for an emergency contact person

a) Name

Title Last Name/Surname

First Name

Middle Initial

b) Relationship to Applicant

c) Permanent Address Apt/Street/PO Box

City/Town/Post Office

Parish/County

State

Zip/Postal Code

Country

d) Emergency Contact Home/Permanent Phone

() -

e) Emergency Contact Cell Phone

() -

f) Emergency Contact Work Phone

() -

Ext:

SECTION G – REFEREE INFORMATION

41. Name Two Referees (Exchange applicants only)

<p>a) Name of Referee</p> <p>Name of Organization</p> <p>Position</p> <p>Address: Apt/Street/PO Box</p> <p>City/Town/Post Office Parish/County</p> <p>State Zip/Postal Code Country</p> <p>Phone</p> <p>() - Ext:</p>	<p>b) Name of Referee</p> <p>Name of Organization</p> <p>Position</p> <p>Address: Apt/Street/PO Box</p> <p>City/Town/Post Office Parish/County</p> <p>State Zip/Postal Code Country</p> <p>Phone</p> <p>() - Ext:</p>
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SECTION H - DECLARATION

42. 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 understand that otherwise my admission to or registration in the University may be revoked. I also understand that I am required to pay all fees before registration unless a current bilateral institutional arrangement makes this unnecessary.

<p>Signature of Applicant _____</p>	<p>Date (dd/mm/yyyy) _____</p>
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FOR OFFICIAL USE ONLY

<p>Documents Received</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"/> CXC/GCE Certificates</p> <p><input type="checkbox"/> Referee Reports</p> <p><input type="checkbox"/> Other (specify): _____</p>	<p>Original Documents Returned</p> <p>Signature of University Officer _____</p> <p align="right">Date (dd/mm/yyyy) _____</p>
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Approved Not Approved

<p>Dean or Nominee/ Campus Coordinator _____</p>	<p>Date (dd/mm/yyyy) _____</p>
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Comments _____

OFFICIAL ASSESSMENT:

Sponsored Contributing <input type="checkbox"/> S <input type="checkbox"/>	Non Sponsored Contributing <input type="checkbox"/> NS <input type="checkbox"/>	Non-Contributing <input type="checkbox"/> NC <input type="checkbox"/>
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