



# 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

<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>	
		a) Identification Number	b) From (year)
		c) To (year)	d) Campus
<b>4. Have you previously been a student at the UWI?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		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> (dd/mm/yyyy) ___/___/___	<b>16. Tax Number/National ID</b>
<b>17. Marital Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced		<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) If yes, please specify	

#### SECTION B – CAMPUS, FACULTY & COURSES

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

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<p>30. a) Are you a UWI Staff Member? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state: _____</p> <p>b) Staff Identification Number: _____</p> <p>c) Campus: _____</p> <p>d) Department: _____</p>	<p>31. a) Are you a dependent of a UWI Staff Member? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state: _____</p> <p>b) Name of Staff Member: _____</p> <p>c) Relationship to applicant: _____</p> <p>d) Campus: _____</p> <p>e) Department: _____</p>	
<p>32. a) Do you wish to live in a Hall of Residence? (see Instruction ____) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>b) If yes, state Hall _____</p>	<p>c) If no, state preference for Hall attachment _____</p>
<p>33. How did you obtain information about the UWI?</p> <p><input type="checkbox"/> UWI Alumni <input type="checkbox"/> Direct Mail <input type="checkbox"/> Employer <input type="checkbox"/> Internet <input type="checkbox"/> Media</p> <p><input type="checkbox"/> School/College Fair <input type="checkbox"/> School Visit <input type="checkbox"/> Other : Please specify _____</p>		

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
<b>Current Institution</b>					
		Expected Completion Date ____/____/____			
	____/____	____/____			
<b>Previous Institutions Attended</b>					
	____/____	____/____			
	____/____	____/____			
	____/____	____/____			
	____/____	____/____			

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				

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

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**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) <b>Are you self employed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	b) If yes, Indicate the Type of Business	f) <b>Address:</b> Apt/Street/PO Box	
c) <b>Name of Employer (if applicable)</b>			
d) <b>Position</b>			
e) <b>From (dd/mm/yyyy)</b> _____/_____/_____		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) <b>Name</b>					b) <b>Relationship to Applicant</b>
Title	Last Name/Surname	First Name	Middle Initial		
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		Parish/County	f) <b>Emergency Contact Work Phone</b> (        )        -               Ext:		
State	Zip/Postal Code	Country			

**SECTION G – REFEREE INFORMATION**

41. Name Two Referees (Exchange applicants only)

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date (dd/mm/yyyy)

**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"/> CXC/GCE Certificates</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 University Officer</p> <p>_____/_____/_____ Date (dd/mm/yyyy)</p>
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Approved       Not Approved

\_\_\_\_\_  
Dean or Nominee/ Campus Coordinator

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date (dd/mm/yyyy)

Comments

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**OFFICIAL ASSESSMENT:**

Sponsored Contributing     S   

Non Sponsored Contributing     NS   

Non-Contributing     NC