



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? <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/Post Office		City/Town/Post Office	
Parish/County		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 <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"/> Legally Separated <input type="checkbox"/> Divorced		18. Religion/Denomination	
19. Country of Birth/National of		20. Country of Citizenship	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) <input type="checkbox"/> Yes <input type="checkbox"/> No		b) If yes, please specify	

SECTION B – CAMPUS, FACULTY & COURSES

23. Period of Study <input type="checkbox"/> Academic Year <input type="checkbox"/> Semester I <input type="checkbox"/> Semester II <input type="checkbox"/> Summer Expected Admission date / / mm yyyy	24. Level of Study <input type="checkbox"/> Graduate <input type="checkbox"/> Undergraduate	25. Campus <input type="checkbox"/> Cave Hill <input type="checkbox"/> Mona <input type="checkbox"/> St. Augustine <input type="checkbox"/> UWIDEC	26. Faculty <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	27. Applicant Type <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.

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 ____)</p> <p><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
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				

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? <input type="checkbox"/> Yes <input type="checkbox"/> No	b) If yes, Indicate the Type of Business	f) Address: Apt/Street/PO Box
c) Name of Employer (if applicable)		City/Town/Post Office Parish/County State Zip/Postal Code Country
d) Position		
e) From (dd/mm/yyyy) ____/____/____		

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		d) Emergency Contact Home/Permanent Phone () -		
City/Town/Post Office Parish/County		e) Emergency Contact Cell Phone () -		
State Zip/Postal Code Country		f) Emergency Contact Work Phone () - Ext:		

SECTION G – REFEREE INFORMATION

41. Name Two Referees (Exchange applicants only)

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			
City/Town/Post Office		Parish/County		City/Town/Post Office		Parish/County	
State	Zip/Postal Code	Country		State	Zip/Postal Code	Country	
Phone () - Ext:				Phone () - Ext:			

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>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>_____</p> <p>Signature of University Officer Date (dd/mm/yyyy)</p>
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Approved Not Approved

Dean or Nominee/ Campus Coordinator

Date (dd/mm/yyyy)

Comments

OFFICIAL ASSESSMENT:

Sponsored Contributing S Non Sponsored Contributing NS Non-Contributing NC