



# 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 School of Continuing Studies.

### SECTION A – PERSONAL DATA

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



**8. 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]

**9. 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
	/ /	/ /			
	/ /	/ /			
	/ /	/ /			
	/ /	/ /			
	/ /	/ /			
	/ /	/ /			
	/ /	/ /			
	/ /	/ /			
	/ /	/ /			

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


**SECTION D – FINANCIAL RESOURCES**

**1. Source of Funding**

- Government (specify): \_\_\_\_\_
  Loan
  Self
  Institution of Origin  
 Donor (specify): \_\_\_\_\_
  Parents
  Award (specify): \_\_\_\_\_

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

- Yes
  No

**SECTION E - EMPLOYMENT RECORD**

**3. 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/County		City/Town/Post Office		Parish/County	
State	Zip/Postal Code	Country		State	Zip/Postal Code	Country	
From		To		From		To	
/ /		/ /		/ /		/ /	

