



THE UNIVERSITY OF THE WEST INDIES

DEPARTMENT OF COMPUTER SCIENCE, MATHEMATICS & PHYSICS

REGISTRATION FOR THE GRAPHIC DESIGN FOR BEGINNERS

Please tick the appropriate box to show which module you are applying for:

ALL ADOBE CS4 MODULES		
PHOTOSHOP	ILLUSTRATOR	INDESIGN
ACROBAT	AFTER EFFECTS	DREAMWEAVER

- Complete the form and return to the Secretary, Department of Computer Science, Mathematics & Physics, Cave Hill Campus, P.O. Box 64, Bridgetown, Barbados. Form(s) must reach the Department at least one week before the start of the module you are applying for.
- Complete forms legibly and accurately. The Department will not process forms which are illegible or incomplete.
- Print boldly using a ball point pen. DO NOT WRITE IN SHADED AREAS.

PERSONAL DATA

1. Surname/Family Name (BLOCK CAPITALS)	7. Email Address:
2. Other names(s)	8. Male(M) Married(M) Female(F) Single(S)
3. Correspondence address	9. Date of Birth (Year/Month/Day)
4. Telephone	10. Your age last birthday _____ Years
Home: _____ Mobile: _____	11. Country of birth _____
5. Home Address (if different from above)	12. Nationality _____
6. Emergency Contact Number(s):	13. Religion _____ (Applicants need not answer this question if they prefer not to.)
Home: _____ Mobile: _____	14. Do you have a disability? (If yes please specify)

15. DIGITAL GRAPHIC DESIGN EXPERIENCE:

ADOBE PHOTOSHOP:	ADOBE INDESIGN:	ADOBE ILLUSTRATOR:
ADOBE ACROBAT:	ADOBE AFTER EFFECTS:	ADOBE DREAMWEAVER:

I hereby certify that I have read and understood the instructions and the information necessary for completing this application and that all statements are true and complete. I understand that otherwise my admission to or registration in the programme may not be accepted.

Signature of Applicant

Date