

UNIVERSITY OF THE WEST INDIES

DEPARTMENT OF COMPUTER SCIENCE, MATHEMATICS & PHYSICS



APPLICATION FOR ADMISSION TO THE MICROSOFT IT ACADEMY

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

MOS 2007 Suite	<input type="checkbox"/>				
Word 2007	<input type="checkbox"/>	Excel 2007	<input type="checkbox"/>	Access 2007	<input type="checkbox"/>
				PowerPoint 2007	<input type="checkbox"/>
					Outlook 2007
	<input type="checkbox"/>				<input type="checkbox"/>
MOS 2010 Suite	<input type="checkbox"/>				
Word 2010	<input type="checkbox"/>	Excel 2010	<input type="checkbox"/>	Access 2010	<input type="checkbox"/>
				PowerPoint 2010	<input type="checkbox"/>
					Outlook 2010
	<input type="checkbox"/>				<input type="checkbox"/>

- 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.

<p>1. Surname/Family Name: (BLOCK CAPITALS)</p> <p>_____</p> <p>2. Other Name(s):</p> <p>_____</p> <p>3. Correspondence Address:</p> <p>_____</p> <p>_____</p> <p>4. Telephone: Home _____ Mobile _____</p> <p>5. Home Address (if different from above):</p> <p>_____</p> <p>_____</p> <p>6. Emergency Contact Number(s): Home _____ Mobile _____</p> <p>7. Email Address:</p> <p>_____</p>	<p>8. Gender: Male (M) <input type="checkbox"/> Female (F) <input type="checkbox"/></p> <p>9. Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/></p> <p>10. Date of Birth (Year/Month/Day):</p> <p>_____</p> <p>11. Age at Last Birthday:</p> <p>_____</p> <p>12. Country of Birth:</p> <p>_____</p> <p>13. Nationality:</p> <p>_____</p> <p>14. Religion:</p> <p>_____</p> <p>15. Do you have a disability?: YES <input type="checkbox"/> NO <input type="checkbox"/> (If yes please specify)</p> <p>_____</p>
<p>16. Have you completed any Microsoft Certifications? YES <input type="checkbox"/> NO <input type="checkbox"/> YEAR</p>	
<p>17. COMPUTER EXPERIENCE:</p> <p>WORDPROCESSING YES <input type="checkbox"/> NO <input type="checkbox"/> SPREADSHEETS YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>PROGRAMMING YES <input type="checkbox"/> NO <input type="checkbox"/> DATABASE MANAGEMENT YES <input type="checkbox"/> NO <input type="checkbox"/></p>	

18. Indicate below all subjects you have passed at CXC General Proficiency I & II and GCE 'O' and 'A' Levels.

CXC/GCE				
EXAMINING BODY (CXC London, etc.)	SUBJECTS	YEAR	LEVEL OBTAINED	GRADE OBTAINED
ADVANCED LEVEL				

19. EMPLOYMENT HISTORY (LAST TWO YEARS):

PRESENT OCCUPATION:

NAME AND ADDRESS OF EMPLOYER

POSITION HELD

TEL. NO:

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

This application is made with my consent and I intend to provide all fees, or such fees as may not be covered by the value of an award (s)he may receive if (s)he is admitted.

Signature of Applicant

Date

OFFICIAL USE ONLY

Enclosures received with this application:

1. **Original Academic Certificates:**

2. **Application Fee:**

Receipt No.:

3. **Date Documents Returned:**

4. **Signature of University Officer:**