





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**

Examining Body (e.g. CXC, Cambridge)	Level	Subject	Grade	Date Awarded (mm/yyyy)

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</b> (if applicable)				City/Town/Post Office	
d) <b>Position</b>				Parish/County	
e) <b>From</b> (dd/mm/yyyy) _____/_____/_____				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		f) <b>Emergency Contact Work Phone</b>	
		( ) -	
State		Ext:	
Zip/Postal Code		Country	

**SECTION G – REFEREE INFORMATION**

41. **Name Two Referees** (Exchange applicants only)

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