



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

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:							
4. Have you previously been a student at the UWI? <input type="checkbox"/> Yes <input type="checkbox"/> No				a) Identification Number		b) From (year)		c) To (year)		d) Campus	
				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					City/Town/Post Office					Parish/County	
State					Zip/Postal Code		Country			State	
Zip/Postal Code					Country			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"/> Common Law <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed					18. Religion/Denomination						
19. Country of Birth/National of				20. Country of Citizenship			21. a) Country of Residence		b) Duration (yrs.)		
22. Country of Responsibility for Fees (see Instruction _)				23. Father's Nationality			24. Mother's Nationality				
25. 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					
26. Emergency Contact Information:											
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 () -						
					e) Emergency Contact Cell Phone () -						
City/Town/Post Office					f) Emergency Contact Work Phone () -						
State					Zip/Postal Code		Country			Ext:	

