



**THE UNIVERSITY OF THE WEST INDIES
OPEN CAMPUS**

**REGISTRY OF STUDENT SERVICES
RECRUITMENT, ADMISSIONS & REGISTRATION**

Phone: (868) 662-2002 exts. 2607/2271; Fax: (868) 662-9747 email: admissions@open.uwi.edu

APPLICATION FORM FOR CERTIFICATE IN COMMUNITY POLICING

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:			
		a) Identification Number	b) From (year)	c) To (year)	d) Campus
4. Have you previously been a student at the UWI? <input type="checkbox"/> Yes <input type="checkbox"/> No		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/Post Office			City/Town/Post Office		
Parish/County			Parish/County		
State		Zip/Postal Code	Country		
State		Zip/Postal Code	Country		
b) Name of Contact (if any)			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 (yyyy/mm/dd) ____/____/____		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. 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	

SECTION B – ACADEMIC PROFILE

23. a) Academic year	24. Level of Study <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate	25. Applicant Type <input type="checkbox"/> Special Admission <input type="checkbox"/> Occasional	
26. Open Campus Site			
27. Please list the courses you wish to take at the UWI:			
Course Code	Course Title	Course Code	Course Title

SECTION C – ACADEMIC RECORD

28. Please list educational institutions attended and any other programmes or courses you have taken, beginning with the most recent.

Institution Name & Address	From (mm/yyyy)	To (mm/yyyy)	Type of Programme (e.g. Cert/Dip/Deg)	Subject Area/Major	Class of Award/GPA

