



**THE UNIVERSITY OF THE WEST INDIES
OPEN CAMPUS
TRINIDAD AND TOBAGO**

Gordon St, St. Augustine: (645-3127)
San Fernando (653-5996), Signal Hill, Tobago (660-7637), Carapichaima (673-0975),
Jerningham Ave, Belmont (623-4669), Sangre Grande (668-3661), Email: gordonstreet@open.uwi.edu

APPLICATION FORM

Read the application form carefully and complete legibly and accurately. Return the form to any of our offices at Gordon Street, St. Augustine; #22 Jerningham Ave., Belmont; 7-9 Padmore Street, San Fernando; Carapichaima East Secondary School; Northeastern College, Sangre Grande; and Signal Hill, Tobago.

SECTION A: CHOICE OF CENTRE AND PROGRAMME

1. CENTRE TO WHICH YOU ARE APPLYING:

ST AUGUSTINE	<input type="checkbox"/>	SOUTH CENTRE	<input type="checkbox"/>	CARAPICHAIMA	<input type="checkbox"/>
PORT-OF -SPAIN	<input type="checkbox"/>	TOBAGO	<input type="checkbox"/>	SANGRE GRANDE	<input type="checkbox"/>
MAYARO	<input type="checkbox"/>	POINT FORTIN	<input type="checkbox"/>		

2. PROGRAMME

FIRST CHOICE: _____

SECOND CHOICE: _____

FULL TIME

PART TIME

SECTION B: PERSONAL DATA

3. _____

LAST/SURNAME	FORMER SURNAME <i>(if applicable)</i>
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4. _____

FIRST OR GIVEN NAME	MIDDLE NAME
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5. MARITAL STATUS:

SINGLE	<input type="checkbox"/>	MARRIED	<input type="checkbox"/>	DIVORCED	<input type="checkbox"/>
WIDOWED	<input type="checkbox"/>	SEPARATED	<input type="checkbox"/>	OTHER	<input type="checkbox"/>

6. **GENDER:** MALE FEMALE

7. **DATE OF BIRTH**/...../..... **PRESENT AGE:** _____
(dd / mo / yr)

8. **NATIONALITY:** _____ 9. **COUNTRY OF BIRTH** _____

10. **RELIGION:** _____ 11. **ETHNICITY:** _____

12. **DO YOU HAVE A DISABILITY?** YES NO IF YES PLEASE SPECIFY _____

13. **MAILING ADDRESS**

14. **TELEPHONE NUMBER: MOBILE** _____

OFFICE _____ **EXTENSION** _____

HOME _____

EMAIL ADDRESS: _____

15. **EMERGENCY CONTACT NAME & NUMBER:** _____

16. Are you a UWI Staff member? YES NO Permanent Contract/Temporary
 Are you a UWI Open Campus Staff member? YES NO Permanent Contract/Temporary Centre
 Are you a dependent of a UWI Open Campus Staff member? YES NO

If yes, please state name of Staff Member _____

17. Have you previously applied to the UWI Open Campus? YES NO
 18. Have you previously been a student at the UWI Open Campus? YES NO
 19. If answer to 17 is YES, state: (a) Period: FROM _____ TO _____ (b) Centre _____
 (c) Programme Followed: (d) Your Student Number: _____
 (1) _____ FROM _____ TO _____
 (2) _____ FROM _____ TO _____
 (3) _____ FROM _____ TO _____

SECTION C: ACADEMIC RECORD

20. List all subjects passed at CSEC General Proficiency and CAPE and GCE 'O' and 'A' Levels

CSEC GENERAL PROFICIENCY/GCE ORDINARY LEVEL

EXAMINING BODY (CSEC, Cambridge, London, etc)	SUBJECTS	YEAR	GRADE	LEVEL

GCE ADVANCED LEVEL/CAPE (Caribbean Examination Council)

21. List academic programmes or examinations for which you are currently preparing or awaiting examination results aimed at improving qualifications. If writing CXC or GCE kindly give Centre No. _____

LEVEL ('O' OR 'A' OR TERTIARY)	EXAMINING BODY (CXC, CAMBRIDGE, LONDON,UWI, etc)	SUBJECT/ PROGRAMME	DATE OF EXAM	Completing requirements for GRADUATION		
				YES	NO	DATE

SECTION E: FINANCIAL RESOURCES

25. **SOURCE OF FUNDING** (*indicate by ticking the appropriate box or supplying the information requested*)

Government Loan Self Sponsorship

Name of Sponsor: _____
 (Other than Self) *Please present evidence of sponsorship*

Address: _____ Telephone No.: _____
 _____ Fax No.: _____
 _____ E-Mail: _____

SECTION F: DECLARATION

26. 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 intend to provide such fees as may be payable to the University. I understand that otherwise my admission to the University may be rescinded.

 Signature of Applicant Date

27. This application is made with my consent and i intend to provide such fees as may be payable to the UWI Open Campus.

 Signature of Parent/Guardian Date

FOR OFFICIAL USE ONLY

Enclosures received with this application:

Birth Certificate Marriage Certificate
 Original Academic Certificate: Verified & Returned Copies Only

Documents Outstanding: _____

 Signature of Applicant Date dd / mm / yy

 Signature of University Officer Date dd / mm / yy

OFFICIAL ASSESSMENT

Qualified Provisional Not Qualified Late

APPROVED BY: _____
Signature Date