



# THE UNIVERSITY OF THE WEST INDIES

## OPEN CAMPUS

TRINIDAD AND TOBAGO, WEST INDIES

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# PRE-UNIVERSITY CENTRE APPLICATION/REGISTRATION FORM

*Complete the form legibly and accurately. The UWI OPEN CAMPUS will not process any form which is illegible or incomplete, or where accompanying certificates and documents have been tampered with or altered.*

### A. PERSONAL DATA

LAST OR FAMILY NAME: \_\_\_\_\_

FIRST OR GIVEN NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_

SEX: Male { } Female { }      PRESENT AGE: \_\_\_\_\_      DATE OF BIRTH: \_\_\_\_\_  
(Date/Month/Year)

NATIONALITY: \_\_\_\_\_      RELIGIOUS DENOMINATION: \_\_\_\_\_

CORRESPONDENCE/MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: (HOME): \_\_\_\_\_ (MOBILE): \_\_\_\_\_

Please state if you have any disability/allergies/medical condition: \_\_\_\_\_

NAME OF PREVIOUS SCHOOL: \_\_\_\_\_

NAME OF MOTHER/GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Email Address: \_\_\_\_\_      TELEPHONE #: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_      NAME OF ORGANIZATION \_\_\_\_\_      TEL.: \_\_\_\_\_

NAME OF FATHER/GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Email Address \_\_\_\_\_      TELEPHONE #: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_      NAME OF ORGANIZATION \_\_\_\_\_      TEL.: \_\_\_\_\_

### B. ACADEMIC RECORD

Indicate below all subjects you have passed at CXC General Proficiency I, II and (III after 1998), G.C.E. 'O' and 'A' Levels. Applications must be submitted with original BIRTH CERTIFICATES, CXC/GCE CERTIFICATES and NATIONAL IDENTIFICATION/PASSPORT along with the relevant photocopies. *Two I.D. size photographs must be attached to the application form.*

Students should put in writing the reason why they wish to pursue the course they have selected in at least (150) words.

EXAMINING BODY (CXC, GCE)	SUBJECTS	YEAR	GRADE OBTAINED PROFILE


**ADVANCED LEVEL (IF APPROPRIATE)**

EXAMINING BODY (GCE, Cambridge/CAPE)	SUBJECTS	YEAR	GRADE OBTAINED	PROFILE

**C. CHOICE OF PROGRAMME**

THE NORMAL MATRICULATION REQUIREMENTS FOR ADMISSION ARE:- Passes in FIVE CXC General (I or II), (III after 1998) or GCE subjects (A, B or C) including Math and English. NO SUBJECT MAY BE COUNTED AT BOTH CXC AND GCE ORDINARY LEVEL.

Please indicate by placing 'x' in the appropriate box, the programme that you want to register for:-

**(1) ADVANCED LEVEL CAPE/CAMBRIDGE (PART-TIME)**

A' Levels - CAPE Advanced Level Studies (2 yrs) FULL-TIME

A' Levels - CAPE Advanced Level Repeaters (1 yr) FULL-TIME

If you have selected the Advanced Level Studies programme, indicate below the subjects of your Interest. *Communication Studies & Caribbean Studies* plus any three others:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**(2) CBMT - Certificate in Business Management and Technology**

I hereby certify that I have read and understood the instructions, that I have obtained the information necessary for accurately completing this application and that all statements made herein are true and complete. I understand that any false or misleading information would cause my admission or registration in The UWI Open Campus to be rescinded.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

This application is made with my consent and I intend to provide all fees and all books for the subjects chosen.

\_\_\_\_\_  
Name of Parent/Guardian/Sponsor

\_\_\_\_\_  
Signature of Parent/Guardian/Sponsor

\_\_\_\_\_  
Date

<u>FOR OFFICIAL USE ONLY</u>			
ORIGINALS SEEN	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	BY WHOM:	_____	DATE _____
_____ Signature of Pre-University Centre Officer		_____ Date	

