



UNIVERSITY OF TECHNOLOGY, JAMAICA
UNDERGRADUATE STUDENT APPLICATION
ACADEMIC YEAR _____ / _____

INSTRUCTIONS

1. Read the accompanying Summary of Programmes before completing this form. DO NOT WRITE IN SHADED AREAS.
2. Ensure that the application is **FULLY** completed using **CAPITAL** letters ensuring legibility. Forms not properly completed will not be processed.
3. Online applications are preferred. There is no processing fee for applications submitted online. The electronic application can be found at <http://www.utechjamaica.edu.jm>
4. A non-refundable application fee of J\$1000.00/US\$40.00 (applications not submitted online) must be paid at Accounts Receivable prior to submission.
5. Return completed Application Form to the Office of Admissions and Enrolment Management, University of Technology, Jamaica, 237 Old Hope Road, Kingston 6, Jamaica.

FOR OFFICIAL USE ONLY	
APPLICATION REF. NO. <div style="border: 1px solid black; width: 100%; height: 15px; margin-top: 5px;"></div>	COURSE CODE <div style="border: 1px solid black; width: 100%; height: 15px; margin-top: 5px;"></div>
RECEIPT NUMBER _____	DATE RECEIVED _____
INITIALS _____	FIRST EVALUATION _____
	ACKNOWLEDGEMENT DATE: _____

APPLYING AS A: REGULAR STUDENT MATURE STUDENT SPECIALLY ADMITTED STUDENT OCCASIONAL STUDENT

SECTION 1: PROGRAMME **PREFERRED MODE OF ATTENDANCE:** (Please tick one) **DAY** **EVENING**

1. COLLEGE OF HEALTH SCIENCES
- FACULTY** BUILT ENVIRONMENT BUSINESS AND MANAGEMENT EDUCATION & LIBERAL STUDIES
- ENGINEERING AND COMPUTING LAW SCIENCE AND SPORT

FRANCHISE OR OUTREACH LOCATION (indicate if any) _____

2. PROGRAMME CODE PROGRAMME 3. PROGRAMME CODE OF 2ND CHOICE PROGRAMME
-

SECTION 2: PERSONAL DETAILS

4. HAVE YOU BEEN AN ENQUIRER, APPLICANT OR STUDENT BEFORE? YES NO IF YES, PROVIDE ID # IF KNOWN _____

5. SURNAME 6. FIRST NAME

7. FORMER SURNAME (If any) 8. MIDDLE NAME (S)

9. GENDER: M F 10. TITLE: MISS MRS. MR. OTHER, SPECIFY _____ 11. AGE 12. DATE OF BIRTH

YYYY/MM/DD

13. WERE YOU BORN IN JAMAICA? YES NO

14. IF YOUR ANSWER TO QUESTION 13 IS NO, DO YOU HAVE A CERTIFICATE OF NATURALIZATION AS A JAMAICAN? YES NO

15. HOW LONG HAVE YOU LIVED OUTSIDE JAMAICA? (Jamaican Citizens Living Overseas) _____

16. ARE YOUR PARENTS JAMAICAN? (Non-Jamaican Citizens) YES NO 17. TRN _____

18. PERMANENT ADDRESS: NUMBER & STREET OR DISTRICT

19. CITY/TOWN OR POST OFFICE 20. PARISH/STATE

21. COUNTRY 22. EMAIL

23. TELEPHONE (HOME) (WORK) (MOBILE) 24. FAX

25. MAILING ADDRESS (if different from above) NUMBER & STREET OR DISTRICT

26. CITY/TOWN OR POST OFFICE 27. PARISH/STATE

28. COUNTRY 29. EMAIL

30a. TELEPHONE (HOME) (WORK) (MOBILE) 30b. FAX

47. **SUMMARY OF EDUCATIONAL EXPERIENCE** – (List all secondary and post secondary institutions that you have attended, including UTECH. Begin with the most recent.)

Institution	Address	From		To		Programme	Type of Award
		Mth.	Year	Mth.	Year		

48. TESTING INFORMATION

IS ENGLISH YOUR FIRST (NATIVE) LANGUAGE? YES NO

IF ENGLISH IS NOT YOUR FIRST (NATIVE) LANGUAGE HAVE YOU TAKEN THE Test Of English As A Foreign Language (TOEFL)? YES NO

IF YES, INDICATE: DATE OF TEST _____ SCORE _____ (please include the official score report with your application)

HAVE YOU TAKEN THE Scholastic Aptitude Test (SAT)? YES NO

IF YES, INDICATE: DATE OF TEST _____ SCORE _____

49. **SECTION 4: WORK EXPERIENCE**

Name of Organisation	Dates				Position Held	Nature of Duties
	From		To			
	Mth	Year	Mth	Year		

SECTION 5: REFERENCES AND DECLARATION BY EMPLOYER

50. Give the names and addresses of two (2) referees, one of whom should preferably be from the last school or college you attended, or last place of employment.

(1)

(2)

51. **Declaration by Employer** (Where appropriate)

The Company/Firm/Organisation agrees to sponsor the applicant for classes, based on academic programme, by granting the necessary leave of absence and/or funding. The Company/Firm/Organisation also undertakes to provide the necessary means – funding and/or supervision – for carrying out project work, dissertation, etc., required by the programme.

.....
Name

.....
Title

.....
Signature

.....
Date

SECTION 6: PERSONAL STATEMENT

52. Write a statement indicating the reason for your first choice of programme and your choice of this institution.

53. I hereby certify that I have read and understood the instructions and the information necessary for completing this application. I acknowledge that the information given in this application is complete and accurate, and I understand that making false or fraudulent statements on this application form may result in denial or cancellation of admission by the University of Technology, Jamaica.

.....
Applicant's Signature

.....
Date

FOR OFFICIAL USE ONLY FIRST CHOICE EVALUATION			
<p>NAME OF PROGRAMME DIRECTOR _____</p> <p>SIGNATURE _____</p> <p>DATE: _____</p>	<p>(U) Unconditional Offer <input type="checkbox"/></p> <p>(C) Conditional Offer <input type="checkbox"/></p> <p>(W) Unconditional Waiting <input type="checkbox"/></p> <p>(L) Conditional Waiting <input type="checkbox"/></p> <p>(R) Rejected <input type="checkbox"/></p>	<p>PROGRAMME DIRECTOR'S REASON (S):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>TEST SCORE (if applicable)</p>	<p>INTERVIEW SCORE (if applicable)</p>		
<p>2ND DECISION (If Applicable) _____ DECISION DATE _____ AUTHORIZING OFFICER: _____ RESPONSE DATE: _____</p>			

FOR OFFICIAL USE ONLY SECOND CHOICE EVALUATION			
<p>NAME OF PROGRAMME DIRECTOR _____</p> <p>SIGNATURE _____</p> <p>DATE: _____</p>	<p>(U) Unconditional Offer <input type="checkbox"/></p> <p>(C) Conditional Offer <input type="checkbox"/></p> <p>(W) Unconditional Waiting <input type="checkbox"/></p> <p>(L) Conditional Waiting <input type="checkbox"/></p> <p>(R) Rejected <input type="checkbox"/></p>	<p>PROGRAMME DIRECTOR'S REASON (S):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>TEST SCORE (if applicable)</p>	<p>INTERVIEW SCORE (if applicable)</p>		
<p>2ND DECISION (If Applicable) _____ DECISION DATE _____ AUTHORIZING OFFICER: _____ RESPONSE DATE: _____</p>			