

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

- INSTRUCTIONS
 Read the accompanying Summary of Programmes before completing this form. DO NOT WRITE IN SHADED AREAS.
 Ensure that the application is FULLY completed using CAPITAL letters ensuring legibility. Forms not properly completed will not be processed.
 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 A non-refundable application fee of J\$1000.00/US\$40.00 (applications not submitted online) must be paid at Accounts Receivable prior to 4. 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 US	SE ONLY		
A	APPLICATION REF. NO.		COURS	E CODE	
ÌГ					7
	RECEIPT NUMBER		DATE R	ECEIVED	
	NITIALS			VALUATION WLEDGEMENT DATE:	
AP	PLYING AS A: REGULAR STUDENT	MATURE STUDENT			DCCASIONAL STUDENT
SE	CTION 1: PROGRAMME PR	EFERRED MOD	E OF ATTEND	ANCE: (Please tick one)	DAY EVENING
1.			OF HEALTH SCIE	ENCES	
		ENT 🗆 BUSINE	SS AND MANA		ATION & LIBERAL STUDIES
	□ ENGINEERING AN				ICE AND SPORT
	FRANCHISE OR OUTREACH LOC				
2.	PROGRAMME CODE PROGRA				
L					
		SECTION 2: PE		TAILS	
	HAVE YOU BEEN AN ENQUIRER, APPLICANT	OR STUDENT BEFORE			NOWN
5.	SURNAME		6. FIRST		
7.	FORMER SURNAME (If any)		8. MIDDL	• • • • • • • • • • • • • • • • • • •	
9.	GENDER: M M F 10. TITLE: MISS	□ MRS. □ MR. □	OTHER, SPECIFY _	11. AGE	1 2. DATE OF BIRTH
	WERE YOU BORN IN JAMAICA?				
	IF YOUR ANSWER TO QUESTION 13 IS NO, DO				
	HOW LONG HAVE YOU LIVED OUTSIDE JAMA ARE YOUR PARENTS JAMAICAN? (Non-Jamai		- ·	7.TRN	
	PERMANENT ADDRESS: NUMBER & STREET	·	-		
19.	CITY/TOWN OR POST OFFICE		20). PARISH/STATE	
21.	COUNTRY		22. EMAIL		
23.	TELEPHONE (HOME) (WORK)		(MOBILE)	2	4. FAX
25.	MAILING ADDRESS (if different from above) NUI	MBER & STREET OR D	STRICT		
26.	CITY/TOWN OR POST OFFICE		27	7. PARISH/STATE	
28					
∠0.			29. EMAIL	-	
30a.	TELEPHONE (HOME) (WORK)	· · · · · ·	(MOBILE)	3	0b. FAX

31.	NAME OF PARENT/GUARDIAN/NEXT OF KIN	32. RELATIONSHIP								
33.	ADDRESS: NUMBER & STREET OR DISTRICT	34. TELEPHONE								
35.	CITY/TOWN OR POST OFFICE	36. COUNTRY								
37.	ARE YOU A UTech STAFF MEMBER?									
38.	ARE YOU A DEPENDENT OF A UTech STAFF MEMBER?									
39.	SOURCE OF FUNDING: SELF PARENTS OTHER	FAMILY 🛛 OVERSEAS GOVT. 🖓 JAMAICAN GOVT.								
	□ SLB □ OTHER NAME OF	SPONSOR (Where Appropriate)								
40.	MARITAL STATUS: SINGLE MARRIED DIVORCED	□ WIDOWED □ SEPARATED								
41.	RELIGION DENOMINATION (No special arrangements will be made for religious/holy days) DENOMINATION									
42.	DO YOU HAVE ANY DISABILITIES? YES NO PLEASE SPEC	FY								
43.	I FOUND OUT ABOUT THE UNIVERSITY OF TECHNOLOGY, JAMAICA F	ROM:								
	□ FAMILY □ ALUMNI/CURRENT STUDENT	□ NEWSPAPER AD □ RADIO AD								
	□ CAMPUS VISIT □ COLLEGE FAIR	□ GUIDANCE COUNSELLOR □ UTECH WEBSITE								
	□ RECRUITMENT FAIR □ UTECH VISIT TO YOUR SCHOOL	□ OTHER								
44.	DO YOU WISH TO LIVE ON CAMPUS? $\hfill\square$ YES $\hfill\square$ NO $(ACC IF YES, PLEASE COMPLETE BOARDING APPLICATION FORM AND SUBMIT$	OMMODATION ON CAMPUS IS NOT GUARANTEED)								
45.										

SECTION 3: ACADEMIC RECORD

INSTRUCTIONS: Indicate:-

46.

1. Subjects you have passed at CXC (General or Technical Proficiency) and CAPE, GCE O' and A' Levels, professional or other qualifications.

2. Examination record (include exams to be taken in June). A limited number of spaces will be reserved for applicants awaiting results. Note: Certified documentary evidence must be submitted with this form. All documents submitted to the Office of Admissions and Enrolment Management becomes the property of the University of Technology, Jamaica and will not be returned to the applicant or forwarded to another institution. Original documents must not be submitted.

CXC GENERAL or TECHNICAL PROFICIENCY/GCE O'LEVEL

Subjects	Exam	C	Date	Grade	Subjects to	Exam	Date		Grade Obtained
Subjects Passed	Body	Month	Year	Obtained	Subjects to be taken	Body	Month	Year	(for office use only)
	İ								
	ADVAN		EVEL/CA	PE/PROF	ESSIONAL/OTHER QUALI	FICATIO	N		
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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	F	rom		То	Programme	Type of Award	
Institution	Address	Mth.	Year	Mth.	Year	Flogrannie	Type of Award	

48. TESTING INFORMATION

IS ENGLISH YOUR FIRST (NATIVE) LANGUAGE?

IF ENGLISH IS NOT YOUR FIRST (NATIVE) LANGUAGE HAVE YOU TAKEN THE Test Of English As A Foreign Language (TOEFL)?

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

HAVE YOU TAKEN THE Scholastic Aptitude Test (SAT)?

IF YES, INDICATE: DATE OF TEST ______ SCORE _____

SECTION 4: WORK EXPERIENCE

49.	SECTION 4: WORK EXPERIENCE									
Γ				tes						
	Name of Organisation			То		Position Held	Nature of Duties			
-		Mth	Year	Mth	Year					
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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	•
Signature	

..... Title 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 Sign	ature	 	Date
				AL USE ONLY E EVALUATION	
NAME OF		ME DIRECTOR	_	(U) Unconditional Offe (C) Conditional Offer (W) Unconditional Wai (L) Conditional Waiting (R) Rejected PROGRAMME DIREC	iting
DATE: Test So (if applic		INTERVIEW SCORE (if applicable)			
	2 ND DECISION (If Applicable)_		DECISION DATE		RESPONSE DATE:

SECOND CHOICE EVALUATION	
NAME OF PROGRAMME DIRECTOR (U) Unconditional Offer (C) Conditional Offer (C) Conditional Offer (W) Unconditional Waiting (U) Unconditional Waiting (L) Conditional Waiting (C) Conditional Waiting SIGNATURE (R) Rejected PROGRAMME DIRECTOR'S REASON (S):	
DATE:	
(if applicable) Score (if applicable)	
2 ND DECISION DECISION AUTHORISING RESPONSE (If Applicable) DATE OFFICER: DATE:	