

## UNIVERSITY OF TECHNOLOGY, JAMAICA SCHOOL OF GRADUATE STUDIES, RESEARCH & **ENTREPRENEURSHIP**

237 OLD HOPE ROAD KINGSTON 6, JAMAICA W.I. TEL: 876-927-1680 - 8 / EXT: 3204/3139 Fax: 970-3149

E-MAIL: SGSRE@UTECH.EDU.JM

## APPLICATION FOR ADMISSIONS TO **GRADUATE PROGRAMMES**

## **INSTRUCTIONS**

- Application Form should be completed in BLOCK CAPITALS.
   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.		COURSE CODE			
	RI	ECEIPT NUMBER	DATE RECEIVED			
	IN	IITIALS	FIRST EVALUATION			
	RETURN COMPLETED APPLICATION FORM TO THE OFFICE OF ADMISSIONS AND ENROLMENT MANAGEMENT					
1.		PLEASE STATE THE PROGRAMME FOR WHICH YOU ARE APPLYING:				
	(a) TAUGHT GRADUATE DEGREE: (e.g. Certificate/Diploma/MSc, MBA, DBA), Please state full title as given in the Prospectus:					
	(b)	RESEARCH DEGREE: (e.g. MPhil, PhD), Please state the degree	and subject area.			

	(a) TAUGHT GRADUATE DEGREE: (e.g. Certificate/Diploma/MSc, MBA, DBA), Please state full title as given in the Prospectus:					
	(b) RESEARCH DEGREE: (e.g. MPhil, PhD), Please state the degree and subject area.					
	(c) COLLEGE/FACULTY:					
2.	FULL-TIME  PART-TIME					
3.	ACADEMIC YEAR					
4.	SURNAME/FAMILY NAME/MAIDEN NAME					
5.	FORENAMES					
6.	TITLE (Mr/Mrs/Miss/Ms/Dr).					
7.	DATE OF BIRTH (day/month/year)					
8.	GENDER Male  Female					
9.	ADDRESS FOR CORRESPONDENCE PLEASE NOTE: THIS IS THE ADDRESS TO WHICH THE UNIVERSITY WILL SEND <b>ALL</b> CORRESPONDENCE.					
	POSTCODE					
	FROM (day/month/year)					
	TELEPHONE NO Daytime/Work					

	CELL NO		FAVNO			
10.	E-MAIL ADDRESS.  PERMANENT HOME ADDRESS (if different from address given above)					
			POSTCODE			
	FROM (day/month/year)		ТО			
	TELEPHONE NO. Daytime/Work	<b></b>	Evening/Home			
	FAX NO					
	E-MAIL ADDRESS					
13.	(a) ADDRESS		(b) RELAT			
	(4) 7.551.255		, ,			
			(c) TELEP	PHONE		
14.	OUTLINE OF PROGRAMME/	RESEARCH INTERES	BTS			
	Please give a brief outline of your proposed research topic or interests. If you have a detailed research proposal (not more than 10 pages) this may be attached. For Taught programmes, please indicate on a separate sheet (not more than 250 words) why you have chosen to apply for the programme.					
15.	<ul> <li>15. ACADEMIC HISTORY Higher education institutions attended and qualifications obtained (you must apply full dates).</li> </ul>					
	Institution	Dates of attendance	Qualifications awarded and Class of Ho any) GPA if applicable or prediction of			
Oth	er information relevant to your a	academic history:				
ENGLISH LANGUAGE QUALIFICATION(S)  Note: Students without English as their first language should enclose a copy of their English Language qualification(s)  Please specify your formal English language qualification(s) by ticking the relevant box with results obtained and the date(s) you took the test or will taking the test.						
	<b>3</b>		SCORE DATE OB	TAINED		
	схс					

O'Level or GCSE   CAPE Communication	]			
16. EMPLOYMENT HISTORY	nd or professional experience (current first). Continue on a se			
Date(s)	Nature of work and position held	Name, address and contact no. of employer		
17. SOURCE OF FUNDING (Please				
Government (specify):				
☐ Donor (specify):				
Loan				
Award				
☐ Self				
18. ANY DISABILITIES If you have special needs owing to a disability or specific learning difficulty please give details.				
19. REFERENCES Please provide the names of the two (2) persons who are completing the Recommendation for Admissions form, one of whom should preferably be free the last tertiary institution or last place of employment.				
REFERI	EE 1	REFEREE 2		
Name	Name			
Position	Position			
Address	Address			
Telephone No	Telephone No	o		

For Ma	Fac.No.				
Fax No  E-mail address.	Fax No				
E-mail address	E-mail address				
20. PLEASE CHECK THAT YOUR APPLICATION IS COMPLETE AND THAT YOU HAVE ENCLOSED ALL THE RELEVANT DOCUMENTS.  Certified copy of birth certificate Recommendation for Admissions to be completed and signed by referees Certified copies of certificates/degrees Official Transcript of studies (To be sent from tertiary institution) TRN card for number to be noted. (Passport for foreign nationals) Two certified passport sized pictures. (Signed by a Justice of the Peace OR Notary Public) Outline of proposed research (for research courses) Statement of purpose – 250 words (for taught courses)					
21. DECLARATION					
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT	-				
Signature	DateFormat: DD/MM/YY				
FOR OFFICIAL USE ONLY					
ACCEPT LINCONDITIONAL					
ACCEPT-UNCONDITIONAL   ACCEPT-CONDITIONAL					
CONDITIONS					
REJECT REASON(S):					
RESEARCH STUDENTS:					
PRINCIPAL SUPERVISOR					
PRINT NAME / SIGNATURE	DATE (DD/MM/AV)				
PRINT NAME / SIGNATURE	DATE (DD/MM/YY)				
OTHER SUPERVISOR(S)					
PRINT NAME / SIGNATURE	DATE (DD/MM/YY)				
DEAN					
PRINT NAME / SIGNATURE	DATE (DD/MM/YY)				
FACULTY GRADUATE STUDIES CO-ORDINATOR					
PRINT NAME / SIGNATURE	DATE (DD/MM/YY)				
VP, GRADUATE STUDIES, RESEARCH AND ENTREPRENEURSHIP					
PRINT NAME / SIGNATURE	DATE (DD/MM/YY)				