



THE UNIVERSITY OF THE WEST INDIES

APPLICATION FOR FIRST DEGREE, ASSOCIATE DEGREE, DIPLOMA AND CERTIFICATE PROGRAMMES

Please accompanying Declaration above provides detailed information on the completion of this application form. All applications are subject to usual admission requirements.

SECTION A - PERSONAL DATA

1. Name			
2(a) Last Name/Surname	2(b) First Name	2(c) Middle Name(s)	
2. If former Name (if applicable)			
2(a) Last Name/Surname	2(b) First Name	2(c) Middle Name(s)	
3. Have you previously applied to the UWI?		3. If answer to question 4 is yes, please state the following:	
☐ Yes ☐ No		(a) UWI Identification Number	(b) Term Year
		(c) Re-Cycled	(d) Campus
4. Have you previously been a student at the UWI?		4. Programmes	
☐ Yes ☐ No			
5. (a) Permanent Address : Ap/School/PO Box		5. (a) Mailing Address of person(s) to: Ap/School/PO Box	
City/Town/Village Office		City/Town/Village Office	
Parish/County		Parish/County	
State		State	
Zip/Postal Code		Zip/Postal Code	
Country		Country	
6. Home/Permanent Phone		6. Mailing Address Phone	
() () () () () ()		() () () () () ()	
7. Cell Phone		7. Name of Contact (if any)	
() () () () () ()		() () () () () ()	
8. Fax Number		8. Address (State of application)	
() () () () () ()		() () () () () ()	
9. Name of Contact (if any)		9. Work Phone	
() () () () () ()		() () () () () ()	
10. Gender		10. Email Address	
☐ Female ☐ Male		() () () () () ()	
11. Marital Status		11. Date of Birth (dd/mm/yyyy)	
☐ Single ☐ Married ☐ Widowed		() () () () () ()	
☐ Legally Separated ☐ Divorced		12. Tax Number (National ID)	
☐ Common Law ☐ Widowed		() () () () () ()	
13. Country of Birth/National of		13. Country of Citizenship	
() () () () () ()		() () () () () ()	
14. Country of Responsibility for Person(s) resident in		14. Country of Residence	
() () () () () ()		() () () () () ()	
15. Country of Responsibility for Person(s) resident in		15. Mother's Nationality	
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16. Country of Responsibility for Person(s) resident in		16. Mother's Nationality	
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17. If you have a disability (i.e. information on the application form is incomplete) () Yes () No		17. If yes, please specify	
☐ Yes ☐ No		() () () () () ()	
18. Emergency Contact Information			
18. (a) Name		18. (b) Relationship to Applicant	
2(a) Last Name/Surname		2(b) First Name	
2(c) Middle Initial		2(d) Relationship to Applicant	
2(e) Permanent Address : Ap/School/PO Box		2(f) Emergency Contact Home/Permanent Phone	
City/Town/Village Office		City/Town/Village Office	
Parish/County		Parish/County	
State		State	
Zip/Postal Code		Zip/Postal Code	
Country		Country	
2(g) Emergency Contact Cell Phone		2(h) Emergency Contact Work Phone	
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2(i) Emergency Contact Email Address		2(j) Emergency Contact Fax Number	
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