



UNITED THEOLOGICAL COLLEGE OF THE WEST
INDIES
STUDENT APPLICATION

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. A non-refundable application fee of J\$500.00 must be paid at Accounts Department prior to submission.
4. Return completed Application Form to the Office of The Registrar, United Theological College of the West Indies, 7 Golding Avenue, Kingston 7, or mail to Admissions, United Theological College of the West Indies, P. O. Box 136 Kingston 7, Jamaica.

FOR OFFICIAL USE ONLY
APPLICATION REF. NO. COURSE CODE
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. [] B.A. IN THEOLOGY [] B.A. MINISTERIAL STUDIES
[] DIPLOMA IN MINISTERIAL STUDIES [] LICENTIATE IN THEOLOGY
[] CERTIFICATE IN MINISTERIAL STUDIES

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. SEX: [] M [] F 10. TITLE: [] MISS [] MRS. [] MR. [] Rev. 11. AGE 12. DATE OF BIRTH
13. PLACE OF BIRTH 14. NATIONALITY
15. IN WHAT COUNTRY DO YOU CURRENTLY RESIDE?
16. NATIONALITY OF PARENTS 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 (Please complete Contact Information below, if different from above)
29. TELEPHONE (HOME) (WORK) (MOBILE) 30. FAX

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

Institution (Begin with the most recent)	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 (Begin with the most recent)	Dates				Position Held	Nature of Duties
	From		To			
	Mth	Year	Mth	Year		

SECTION 5: REFERENCES AND DECLARATION BY YOUR CHURCH/EMPLOYER

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

(1)

(2)

51. **Declaration by Church/Denomination** (Where appropriate)

The Church/Denomination agrees to sponsor the applicant for classes, based on academic programme, by granting the necessary funding. The Church/Denomination 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 of your call to Ministry or indicating the reason for your first choice of programme.

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 United Theological College of the West Indies.

.....
Applicant's Signature

.....
Date

**FOR OFFICIAL USE ONLY
FIRST CHOICE EVALUATION**

_____ NAME OF PROGRAMME DIRECTOR	(U) Unconditional Offer <input type="checkbox"/> (C) Conditional Offer <input type="checkbox"/> (W) Unconditional Waiting <input type="checkbox"/> (L) Conditional Waiting <input type="checkbox"/> (D) Denied <input type="checkbox"/>
_____ SIGNATURE	PROGRAMME DIRECTOR'S REASON (S): _____ _____ _____ _____
_____ DATE:	

TEST SCORE
(if applicable)

INTERVIEW SCORE
(if applicable)

2ND DECISION (If Applicable) _____
DECISION DATE _____
AUTHORISING OFFICER: _____
RESPONSE DATE: _____

**FOR OFFICIAL USE ONLY
SECOND CHOICE EVALUATION**

_____ NAME OF PROGRAMME DIRECTOR	(U) Unconditional Offer <input type="checkbox"/> (C) Conditional Offer <input type="checkbox"/> (W) Unconditional Waiting <input type="checkbox"/> (L) Conditional Waiting <input type="checkbox"/> (D) Denied <input type="checkbox"/>
_____ SIGNATURE	PROGRAMME DIRECTOR'S REASON (S): _____ _____ _____ _____
_____ DATE:	

TEST SCORE
(if applicable)

INTERVIEW SCORE
(if applicable)

2ND DECISION (If Applicable) _____
DECISION DATE _____
AUTHORISING OFFICER: _____
RESPONSE DATE: _____