

UNITED THEOLOGICAL COLLEGE OF THE WEST INDIES STUDENT APPLICATION

INSTRUCTIONS

- 2. 3.
- 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. A non-refundable application fee of J\$500.00 must be paid at Accounts Department prior to submission.

 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 US	E ONLY
1	APPLICATION REF. NO.	COURSE CODE
Γ		
F	RECEIPT NUMBER	DATE RECEIVED
I	NITIALS	FIRST EVALUATION
		ACKNOWLEDGEMENT DATE:
	PLYING AS A: REGULAR STUDENT MATURE STUDENT	
SE	CTION 1: PROGRAMME PREFERRED MODE	E OF ATTENDANCE: (Please tick one) DAY EVENING
	1. D B.A. IN THEOLOGY	☐ B.A. MINISTERIAL STUDIES
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	☐ CERTIFICATE IN MINISTERIAL STUDIES	
2.	PROGRAMME CODE PROGRAMME	3. PROGRAMME CODE OF 2 ND CHOICE PROGRAMME
	SECTION 2: PEF	RSONAL DETAILS
4.		☐ YES ☐ NO IF YES, PROVIDE ID # IF KNOWN
5.	SURNAME	6. FIRST NAME
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7.	FORMER SURNAME (If any)	8. MIDDLE NAME (S)
9.	SEX: \square M \square F 10. TITLE: \square MISS \square MRS. \square MR. \square Rev.	11. AGE 1 2. 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 DIS	STRICT
26.	CITY/TOWN OR POST OFFICE	27. PARISH/STATE
28.	COUNTRY	(Please complete Contact Information below, if different from above)
20	TELEPHONE (HOME) (WORK)	(MOBILE) 30. FAX
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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 UTCWI STAFF MEMBER? ☐ YES ☐ NO	
38.	ARE YOU A DEPENDENT OF A UTCWI STAFF MEMBER? ☐ YES ☐ NO	STATE RELATIONSHIP
39.	SOURCE OF FUNDING: \square SELF \square PARENTS \square OTHER FAMIL	LY ☐ OVERSEAS GOVT. ☐ JAMAICAN GOVT.
	☐ DENOMINATION ☐ OTHER NAME OF SPONSOR (Where Ap	propriato)
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41.	MARITAL STATUS: SINGLE MARRIED DIVORCED V RELIGION DENOMINATION (No special arrangements will be made for religious/holy days)	VIDOWED □ SEPARATED □
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41. 42.	MARITAL STATUS: SINGLE MARRIED DIVORCED V RELIGION DENOMINATION (No special arrangements will be made for religious/holy days) DO YOU HAVE ANY DISABILITIES? YES NO IF YES, PLEASE SPEC	VIDOWED SEPARATED CIFY
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SECTION 3: ACADEMIC RECORD

INSTRUCTIONS: Indicate:-

- 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). **Note: Certified documentary evidence must be submitted with this form.** All documents submitted to the Office of The Registrar become the property of the United Theological College of the West Indies 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

46.

Subjects Passed		Date					Date		Grade Obtained
	Exam Body	Month	Year	Grade Obtained	Subjects to be taken	Exam Body	Month	Year	(for office use only)
	ADVAN	ICED LI	EVEL/CA	APE/PROFI	ESSIONAL/OTHER QUAL	IFICATIO	ON		

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Institution	Ad	dress		Mth.	From Year	Mth.	To Year	Pr	ogramme	Type of Award	
(Begin with the most recent)				With.	1001	IVIUI.	Tour				
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F YES, INDICATE: DATE OF	TEST		sc	ORE _		(please	include the	e official sco	re report with your	application)	
HAVE YOU TAKEN THE Sch											
F YES, INDICATE: DATE OF	- TEST		sc	ORE							
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				ION	4: WO	RK E	XPERI	ENCE			
Name of Organisation		rom	_	То		Position Held		Nati		ture of Duties	
(Begin with the most recent) Mth	Year	Mth	Year							
SECTION !	5: REFE	RENC	ES A	ND	DECLA	RAT	ION B	YOUR	CHURCH/EI	MPLOYER	
Give the names and addres	ses of two (2) refere	es, on	e of wl	nom, shou	ıld pref	erably be	from your cl	nurch/denominati	on, the last school or colle	
you attended, or last place	of employme	ent.									
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47. SUMMARY OF EDUCATIONAL EXPERIENCE – (List all secondary and post secondary institutions that you have attended, including UTECH)

SECTION 6: PERSONAL STATEMENT

Applicant's Signature FOR OFFICIAL USE ONLY FIRST CHOICE EVALUATION	Nrite a statement of your call to Ministry or in	dicating the reason for your first choice of prog	ramme.
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