



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\$1000.00 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

Grid for application reference number

Grid for 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 [] DIPLOMA IN ADVANCED COUNSELLING
[] B.A. IN MINISTERIAL STUDIES [] CERTIFICATE IN COUNSELLING
[] LICENTIATE IN THEOLOGY [] CERTIFICATE IN MINISTRY
[] DIPLOMA IN MINISTRY
[] 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 ADDRESS

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

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: SELF PARENTS OTHER FAMILY OVERSEAS GOVT. JAMAICAN GOVT.
 DENOMINATION 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)

42. DO YOU HAVE ANY DISABILITIES? YES NO IF YES, PLEASE SPECIFY _____

43. I FOUND OUT ABOUT THE UTCWI FROM:
 CHURCH/DENOMINATION ALUMNI/CURRENT STUDENT NEWSPAPER AD RADIO AD
 CAMPUS VISIT COLLEGE FAIR GUIDANCE COUNSELLOR UTCWI WEBSITE
 RECRUITMENT FAIR UTCWI VISIT TO YOUR CHURCH OTHER: PLEASE SPECIFY _____

44. DO YOU WISH TO LIVE ON CAMPUS? **(ACCOMMODATION ON CAMPUS IS NOT GUARANTEED)** YES NO
IF YES, PLEASE COMPLETE BOARDING APPLICATION FORM AND SUBMIT.

45. EXTRA-CURRICULAR ACTIVITIES _____

SECTION 3: ACADEMIC RECORD

INSTRUCTIONS: Indicate:

- Subjects you have passed at CXC (General or Technical Proficiency) and CAPE, GCE O' and A' Levels, professional or other qualifications).
- 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/CSEC GENERAL or TECHNICAL PROFICIENCY/GCE O'LEVEL

46.

Subjects Passed	Exam Body	Date		Grade Obtained	Subjects to be taken	Exam Body	Date		Grade Obtained (for office use only)
		Month	Year				Month	Year	

ADVANCED LEVEL/CAPE/PROFESSIONAL/OTHER QUALIFICATION

Subjects Passed	Exam Body	Date		Grade Obtained	Subjects to be taken	Exam Body	Date		Grade Obtained (for office use only)
		Month	Year				Month	Year	

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 _____

SIGNATURE _____

DATE: _____

TEST SCORE
(if applicable)

INTERVIEW SCORE
(if applicable)

(U) Unconditional Offer

(C) Conditional Offer

(W) Unconditional Waiting

(L) Conditional Waiting

(D) Denied

PROGRAMME DIRECTOR'S REASON (S):

2ND DECISION
(If Applicable) _____

DECISION
DATE _____

AUTHORISING
OFFICER: _____

RESPONSE
DATE: _____

**FOR OFFICIAL USE ONLY
SECOND CHOICE EVALUATION**

NAME OF PROGRAMME DIRECTOR _____

SIGNATURE _____

DATE: _____

TEST SCORE
(if applicable)

INTERVIEW SCORE
(if applicable)

(U) Unconditional Offer

(C) Conditional Offer

(W) Unconditional Waiting

(L) Conditional Waiting

(D) Denied

PROGRAMME DIRECTOR'S REASON (S):

2ND DECISION
(If Applicable) _____

DECISION
DATE _____

AUTHORISING
OFFICER: _____

RESPONSE
DATE: _____