



## INSTRUCTIONS

1. Application Form should be completed in **BLOCK CAPITALS**.
2. 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
<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div></div>
RECEIPT NUMBER _____	DATE RECEIVED _____
INITIALS _____	FIRST EVALUATION _____

APPLYING AS A: ☐ REGULAR STUDENT ☐ PRIOR LEARNING ASSESSMENT STUDENT

- 1

CELL NO.....FAX NO.....

E-MAIL ADDRESS.....

10. PERMANENT HOME ADDRESS (if different from address given above)

.....

.....

.....POSTCODE.....

FROM (day/month/year).....TO.....

TELEPHONE NO. Daytime/Work.....Evening/Home.....

FAX NO.....

E-MAIL ADDRESS.....

11. NATIONALITY.....

12. COUNTRY OF BIRTH.....

13. NEXT OF KIN.....

(a) ADDRESS.....(b) RELATIONSHIP.....

.....(c) TELEPHONE.....

.....

14. OUTLINE OF PROGRAMME/RESEARCH INTERESTS

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. ACADEMIC HISTORY

Higher education institutions attended and qualifications obtained (you must apply full dates).

Institution	Dates of attendance	Qualifications awarded and Class of Honours (if any) GPA if applicable or prediction of award	Area of specialization
Other information relevant to your 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 be taking the test.

SCOREDATE OBTAINED

O'Level or GCSE ☐

CAPE Communication ☐

Other (please specify): .....

## 16. EMPLOYMENT HISTORY

Please give details of employment and or professional experience (current first). Continue on a separate sheet if necessary.

Date(s)		Nature of work and position held	Name, address and contact no. of employer
From	To		

## 17. SOURCE OF FUNDING (Please tick the appropriate category)

☐ 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 from the last tertiary institution or last place of employment.

REFeree 1

REFeree 2

Name.....

Name.....

Position .....

Position .....

Address .....

Address .....

.....

.....

.....

.....

Telephone No .....

Telephone No .....

Fax No .....

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.....

Date.....  
Format: DD/MM/YY

FOR OFFICIAL USE ONLY

UNCONDITIONAL OFFER ☐

CONDITIONAL OFFER ☐

CONDITIONS.....  
.....  
.....

REJECT ☐ REASON(S):.....  
.....

CONDITION(S) NOW MET ☐

COMMENTS:  
.....  
.....  
.....

AUTHORISING OFFICER:  
.....

SIGNATURE ..... DATE: .....

RESEARCH STUDENTS:

PRINCIPAL SUPERVISOR

...../.....  
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)

**UNIVERSITY OF TECHNOLOGY, JAMAICA**  
**SCHOOL OF GRADUATE STUDIES, RESEARCH & ENTREPRENEURSHIP**  
**RECOMMENDATION FOR ADMISSION**

Applicant's Name \_\_\_\_\_

Proposed Graduate Programme: \_\_\_\_\_

The person named above has applied for admission to the University of Technology, Jamaica, to pursue \_\_\_\_\_ . We would appreciate your assessment of the applicant's suitability for graduate study. Please answer the questions that follow, and write a brief statement, assessing the applicant's strengths and weaknesses. Please return the completed form to the applicant, in a sealed envelope or mail to:

**Vice President, Graduate studies, Research and Entrepreneurship**  
**School of Graduate Studies, Research and Entrepreneurship**  
**University of Technology, Jamaica**  
**237 Old Hope Road, Kingston 6**  
**Email: [sgsre@utech.edu.jm](mailto:sgsre@utech.edu.jm)**

1. In what capacity and how long have you known the applicant?  
\_\_\_\_\_
2. Rate the applicant for the following characteristics.

	<b>Below Average</b>	<b>Average</b>	<b>Above Average</b>	<b>Outstanding</b>	<b>Exceptional</b>	<b>No Basis for Judgement</b>
Intellectual ability						
Imagination/creativity						
Oral communication						
Written communication						
Initiative/resourcefulness						
Emotional maturity						
Perseverance						
Independence						
Ability to work with others						
Promise as a graduate student						

3. If needs be, would you be willing to supervise the candidate? YES ☐ NO ☐  
If not, why not?

\_\_\_\_\_  
\_\_\_\_\_

4. Statement assessing student's strengths and weaknesses. (Additional paper may be attached).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Name \_\_\_\_\_ Signature \_\_\_\_\_  
Institution \_\_\_\_\_ Position/Qualifications \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_

Thank you for your co-operation.

**UNIVERSITY OF TECHNOLOGY, JAMAICA**  
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\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Name \_\_\_\_\_ Signature \_\_\_\_\_  
Institution \_\_\_\_\_ Position/Qualifications \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_

Thank you for your co-operation.