UNIVERSITY OF TECHNOLOGY, JAMAICA
APPLICATION FOR READMISSION FORM
Academic Year _____ / _____

INSTRUCTIONS

1. Complete Form in **BLOCK CAPITALS, LEGIBLY AND ACCURATELY**. Forms not properly completed will not be processed.
2. Return completed Form to the Office of the Registrar (Admissions), University of Technology, Jamaica, 237 Old Hope Road, Kingston 6.
3. A non-refundable application fee of J$350 must be paid at the Accounts Dept. before collection of application forms.

FOR OFFICIAL USE ONLY – ADMISSIONS OFFICE

APPLICATION REF. NO.

PROGRAMME CODE

RECEIPT NO. _____

DATE RECEIVED _____

INITIALS _____

RESPONSE SENT YES [ ]   NO [ ]

SECTION 1: COURSE OF STUDY

1. FACULTY   **BUILT ENVIRONMENT [ ]**   **BUSINESS AND MANAGEMENT [ ]**

    EDUCATION AND LIBERAL STUDIES [ ]   **ENGINEERING AND COMPUTING [ ]**

    HEALTH AND APPLIED SCIENCE [ ]

2. ID NUMBER: _____   3. START DATE _____   4. END DATE _____

5. COURSE OF STUDY: _____   6. MAJOR (if any) _____

7. MASTER [ ]   BACHELOR [ ]   DIPLOMA [ ]   ASSOCIATE DEGREE [ ]   CERTIFICATE [ ]

8. MODE OF ATTENDANCE: Full-Time [ ]   Part-time [ ]   Modular [ ]   Summer [ ]

SECTION 2: PERSONAL DETAILS

9. SURNAME: _____   10. FIRST NAME: _____

11. MAIDEN NAME: _____   12. MIDDLE NAME(S): _____

13. GENDER: M [ ]   F [ ]   14. DATE OF BIRTH   15. NATIONALITY

DD	MM	YYYY

_____

16. TELEPHONE: _____ **(H)** _____ **(W)** _____ **(C)**

17. PERMANENT ADDRESS: NUMBER & STREET

18. CITY/TOWN OR PARISH

19. COUNTRY

20. EMAIL

_____

21. MAILING ADDRESS: NUMBER & STREET

22. CITY/TOWN OR PARISH

23. COUNTRY

24. EMAIL

_____

25. NAME OF CONTACT PERSON

26. RELATIONSHIP

27. TELEPHONE: _____ **(H)** _____ **(W)** _____ **(C)**

28. INSTRUCTION:
Submit certified copies of progress reports or Statement from the Records Office with the application form. List outstanding modules.

MODULE CODE	MODULE TITLE	NO. OF ATTEMPTS (including first)

29. Under what circumstance did you take a leave/take a break from the University? Circle letter as necessary.

A) LEAVE OF ABSENCE   **B) DISCONTINUED STATUS**   **C) WITHDREW WITHOUT PERMISSION**
D) EXPIRED STATUS   **E) DISCIPLINARY REASONS**   **F) OTHER**

Please provide additional information that could be useful in processing your application.

_____   _____
            Applicant's Signature   Date

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COMMENTS AND DECISION

_____

_____

_____

_____   _____
NAME OF PROGRAMME DIRECTOR   SIGNATURE

                                          _____
                                                        DATE

SEMESTER	MODULE CODE	MODULE TITLE	NO. OF CREDITS

Approved by Academic Policy Committee on February 11, 2005
Approved by the Academic Board on February 24, 2005

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1 Effective August 30, 2004 there has been certain changes in terminology. For example, units previously describable as "Courses" are now called "Modules" and those previously referred to as "Programmes" are now called "Courses of Study".