

OFFICE OF RESEARCH AND GRADUATE STUDIES
THE UNIVERSITY OF
TECHNOLOGY, JAMAICA
237 OLD HOPE ROAD
KINGSTON 6, JAMAICA W.I.
TEL: 876-927-1680 – 8 / EXTN: 3204/3139
FAX: 970-3149
EMAIL: ORGS@UTECH.EDU.JM

FOR OFFICE USE ONLY
Ref No
Fees
Application No

APPLICATION FOR ADMISSION TO GRADUATE PROGRAMMES

Complete all four pages in **BLOCK CAPITALS** and tick boxes as appropriate. Please submit 2 references(one (1) from an academic) in sealed and signed envelopes and all other documentation required with your application

NB: Application form must be completed in black ink

PLEASE RETURN TWO COPIES OF THIS FORM TO THE UNIVERSITY AT THE ABOVE ADDRESS

- 1. SURNAME/FAMILY NAME
- 2. FORENAMES
- 3. TITLE (Mr/Mrs/Miss/Ms/Dr).....
- 4. DATE OF BIRTH (day/month/year).....
- 5. GENDER Male Female

6. ADDRESS FOR CORRESPONDENCE
PLEASE NOTE: THIS IS THE ADDRESS TO WHICH THE UNIVERSITY WILL SEND **ALL** CORRESPONDENCE.

.....

.....

.....

..... POSTCODE.....

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

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

FAX NO.....

E-MAIL ADDRESS.....

- 7. 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.....

(b) RESEARCH DEGREE: (eg Certificate/Diploma/Masters, MPhil, PhD MPhil, PhD) Please state the degree and subject area.

.....

(c) FACULTY/SCHOOL:.....

11. FULL-TIME PART-TIME

12. PROPOSED DATE OF ADMISSION (semester/year).....

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

13 ACADEMIC HISTORY

Higher education institutions attended and qualifications obtained or entered for (you must apply full dates).
 Student educated abroad should (if possible) enclose a copy of a transcript of their marks.

University/Polytechnic or College	Dates of attendance	Qualifications awarded and class of Honours (if any) (Give Point Average if applicable) or prediction of award	Principal Subject(s) taken

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.

SCORE

DATE OBTAINED

IELTS

TOEFL

GCE

O'level or GCSE

Other (please specify):.....

15 CAREER 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 and address of employer
From	To		

16. SOURCE OF FUNDING (Please tick the appropriate category)

- Government (specify): _____
- Donor (specify): _____
- Loan
- Award
- Self

17. REFERENCES

Please name here the two people (one (1) academic) who have completed your enclosed reference forms.

REFEREE 1

REFEREE 2

Name.....

Name.....

Position

Position

Address

Address

.....

.....

.....

.....

Telephone No

Telephone No

19 PLEASE CHECK THAT YOUR APPLICATION IS COMPLETE AND THAT YOU HAVE ENCLOSED ALL THE RELEVANT DOCUMENTS.

- Certified copy of birth certificate
- This application plus one complete copy
- 2 References in signed and sealed envelopes (one academic)
- Official Transcript of studies
- TRN card for number to be noted. (Passport for foreign nationals)
- Two certified passport sized pictures. (Signed by a Justice of the Peace)

**20. DECLARATION
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT**

Signature.....

Date.....

Format: DD/MM/YY

FOR OFFICIAL USE ONLY

ACCEPT-UNCONDITIONAL

ACCEPT-CONDITIONAL

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

REJECT REASON(S):
.....

RESEARCH STUDENTS:

PRINCIPAL SUPERVISOR

_____/_____
PRINT NAME / SIGNATURE DATE (DD/MM/YY)

OTHER SUPERVISOR(S)

_____/_____
PRINT NAME / SIGNATURE DATE (DD/MM/YY)

HEAD OF SCHOOL

_____/_____
PRINT NAME / SIGNATURE DATE (DD/MM/YY)

PROGRAMME DIRECTOR (In the case of taught Masters Programme)

_____/_____
PRINT NAME / SIGNATURE DATE (DD/MM/YY)

UNIVERSITY OF TECHNOLOGY, JAMAICA OFFICE OF RESEARCH AND GRADUATE STUDIES

RECOMMENDATION FOR ADMISSION

Applicant's Name _____

Proposed Postgraduate 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:

**Associate Vice President,
Office of Research and Graduate Studies
University of Technology, Jamaica
237 Old Hope Road, Kingston 6
Email: orgs@utech.edu.jm**

1. In what capacity and how long have you known the applicant?

2. Rate the applicant for the following characteristics.

	Below Average	Average	Above Average	Outstanding	Exceptional	No Basis for Judgement
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 need 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 _____

Address _____ Telephone _____

_____ Date _____

Thank you for your co-operation.