



**APPLICATION FOR PRE UNIVERSITY CERTIFICATE (PUC)**

PREFERRED CAMPUS:       MAIN                               SOUTH                               TOBAGO

Please read the Instructions carefully before attempting to complete this form. All date indications (mm/dd/yy)

**PERSONAL**

1. Full Current Legal Name: (last, first, middle) \_\_\_\_\_
2. National I.D. / Social Security No. \_\_\_\_\_ Driver's Permit No. \_\_\_\_\_ Passport No. \_\_\_\_\_
3. Title:     Mr.     Mrs.     Miss     Ms.    Other: \_\_\_\_\_    Gender:     M     F    Date of Birth: (mm/dd/yy) \_\_\_\_\_
4. Marital Status:             Single             Married             Widowed             Divorced             Separated             Common Law
5. Home Address: \_\_\_\_\_
6. Mailing Address: \_\_\_\_\_
7. Email Address (preferred): \_\_\_\_\_    Email Address: \_\_\_\_\_
8. Telephone Contact: Home \_\_\_\_\_    Work \_\_\_\_\_    Mobile (preferred) \_\_\_\_\_    Mobile: \_\_\_\_\_
9. Place of Birth: \_\_\_\_\_    Residency: \_\_\_\_\_    Citizenship: \_\_\_\_\_
10. Ethnicity: (Optional – for Statistics only)     African     Asian     Chinese     Dutch     East Indian     French     Spanish  
 Latin American     West Indian     White non-Hispanic    Other: Specify \_\_\_\_\_
11. Native Language:             English            Other: Specify: \_\_\_\_\_
12. In the event of an emergency, contact: \_\_\_\_\_    Relationship: \_\_\_\_\_    Phone: \_\_\_\_\_

**EDUCATION & QUALIFICATION**

Please list the secondary schools, the years at each and the qualifications you received.

SCHOOLS	YEARS (from - to) (mm/yy)	CSEC QUALIFICATIONS (CXC/GCE, subjects, grades, year awarded)

Please indicate if you are currently awaiting results:     YES                               NO

If Yes, list the subjects: \_\_\_\_\_

## FINANCIAL

### Cost of Programme: TT\$3,000.00

All students are required to pay at least 50% of the cost at registration and the remainder must be paid before the eighth week of the programme. Students who pay the full amount by the end of the first month will qualify for a rebate of TT\$500.00 which goes toward general fees in the Associate or Bachelors Degree for September 2013.

- Payment Plan:      full payment                    50% payment at registration, balance before eighth week
- Payment Methods:      Cash      Cheque      Visa Card      Debit Card

**Payment Information:**

- Payments can be made at the University’s Finance department via Linx, Credit Card, Cheques or a maximum cash amount of TT \$500.
- Payments of more than TT \$500.00 cash can be deposited ONLY to RBC account # **1000 810 705 3657 6**, in the name of Caribbean Union College.
- **Students registering at the South Campus are required to make all payments through RBC account # 1000 810 705 3657 6. Cash transactions will not be accepted at the South Campus office.**

**Two Reference are required with this application**

#### REFERENCES

	Name of Referee	Contact Telephone Number
1.		
2.		

<p><b>INSTRUCTIONS:</b> You are required to submit copies of birth certificate, marriage certificate (if applicable), ID, Social Security, Driver’s Permit or Passport and CSEC certificates with this application. If your application is accepted, you will be asked to bring your originals for verification.</p>			
<p><b>FOR OFFICIAL USE ONLY</b></p> <p><b>Documents Received</b></p>			
	Birth Certificate		Academic Certificates
	Marriage Certificate		References
	ID/ Social Security/ Driver’s Permit/ Passport		
<p><b>Academic Decision</b></p>			
	Recommended		Not Recommended
Reason for Rejection			
Director of University Learning Centre (signature):			Date:
Registrar (signature):			Date:

**STATEMENT OF INTEGRITY:** By placing my signature below, I certify that the information in this application and all supporting documents submitted by me, are complete, accurate and true. I understand clearly that any misrepresentation of facts in this application could result in denial of my application for admission, and dismissal if discovered after I enroll. I further understand that the University has an obligation to report confirmed cases of forged documents to the relevant authorities. My signature below confirms that I have authorized the University of the Southern Caribbean to receive, and contact all academic institutions which I attended previously to release to the University of the Southern Caribbean, personal and academic information. I agree to have my USC grades used for statistical studies and or sent to external organizations for evaluation, accreditation and advising purposes. I willingly sign this statement of integrity.

Full Legal Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_