

UWI School of Business & Applied Studies Limited (trading as ROYTEC)

APPLICATION FORM

P.O. Box 282, 136-138 Henry Street, Port of Spain, Trinidad, W.I.
Telephone: (868) 627-8553/8556, • Fax: (868) 623-7338
South Campus: Tel: (868) 657-0597 • Fax: (868) 652-7847
Website: www.roytec.edu

1. Name of Programme you wish to pursue: _____

Select your preferred schedule: FULL-TIME PART-TIME WEEKEND

PERSONAL INFORMATION

1. NAME: _____
SURNAME FIRST NAME MIDDLE NAME MAIDEN NAME (IF APPLICABLE)

2. HOME ADDRESS: _____

3. MAILING ADDRESS: (if different from 2): _____

4. E-MAIL ADDRESS: _____

5. (a) Country of Birth/National of: _____

(b) Country of Residence: _____

TELEPHONE NOS.: Home: _____ Work: _____

Facsimile: _____

6. GENDER: Female Male 7. RELIGION: _____ 8. DATE OF BIRTH: _____
DD / MM / YYYY

9. MARITAL STATUS: Married Single 10. National ID No. _____

11. EMERGENCY CONTACT: Name: _____

Phone: _____ Relationship: _____

12. Do you have a physical disability or medical condition that will continue during the period of study. Yes No
 If yes, please complete a Disability Disclosure Form.

CO-CURRICULAR ACTIVITIES

Please list the co-curricular activities in which you are involved:

EDUCATIONAL BACKGROUND (If space below is inadequate, please continue on a separate sheet of paper.)

All applicants must submit the original and one copy of all certificates. (Originals will be returned)

Please list all Secondary Schools you have attended in chronological order.

NAME OF SCHOOL	FROM	TO	EXAMINATION TAKEN AND LEVEL

Please list all Colleges/Universities you have attended in chronological order.

NAME OF SCHOOL	FROM	TO	EXAMINATION TAKEN AND LEVEL

Were you ever required to withdraw from any post-secondary institution or college/university? Yes No
 If yes, please state the name of the institution and the reason you were required to withdraw.

_____ Year _____

EDUCATIONAL BACKGROUND (CONT'D)

Please list all Professional courses/qualifications you have pursued.			CERTIFICATE OBTAINED
NAME OF INSTITUTION	FROM	TO	

WORK EXPERIENCE

Please list your Employment History			
NAME OF ORGANISATION	FROM	TO	POSITION HELD

GATE DECLARATION

Answer the following only if you will be accessing Government Assistance for Tuition Expenses (GATE).

Is this the first time that you will be accessing GATE? Yes No

Did you complete the previous programme of study? Yes No

If yes, please provide a copy of your Certificate or a Letter of Completion from the awarding Institution.
If no, please seek GATE Clearance directly from STTE and provide same on Registration.

DECLARATION

I certify that all information submitted is correct and true. I understand that this application cannot be processed if it has not been fully completed and that any misrepresentation including any physical disability or medical condition may result in the denial or cancellation of admission. In applying to **ROYTEC**, I understand that a Code and Dress for students is in effect.

I am also aware that this application fee of \$100.00 is non-refundable.

Applicant's Signature: _____ Date of Application: _____

APPLICATION CHECKLIST	FOR OFFICIAL USE ONLY
1. Original copies of Certificates and Transcripts <input type="checkbox"/> Yes <input type="checkbox"/> No	Receipt Number: _____
2. Photos <input type="checkbox"/> Yes <input type="checkbox"/> No	Receipt Date: _____
3. Application Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: _____
4. Insurance Form <input type="checkbox"/> Yes <input type="checkbox"/> No	ROYTEC Representatives: _____
5. Gate Clearance Form <input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____