

UNICARIBBEAN BUSINESS SCHOOL INTERNATIONAL STUDENTS APPLICATION FORM

INSTRUCTIONS:

Print clearly using BLOCK LETTERS and tick boxes where appropriate.Do not write in pencil. We cannot consider your application if it is incomplete or unreadable. Please return your completed application and required documentation to:

International Office, Unicaribbean Business School, Lagos, . Email: admissionsunicaribbean@gmail.com_Phone: +234-8024326624

Section A - Personal Data	5. MAILING ADDRESS: (if different from 4)
1. NAME	Apt/Street/PO Box
Title: Last Name:	City/Town/Post Office
First Name:	Parish/County
Middle Name(s):	State
2. FORMER NAME (if applicable)	Zip/Postal Code
Title: Last Name:	Country
First Name:	
Middle Name(s):	6. HOME/PERMANENT PHONE:
B. HAVE YOU PREVIOUSLY APPLIED TO UCC?	7. MAILING ADDRESS PHONE:
Yes No No PERMANENT ADDRESS:	8. CELL PHONE:
Apt/Street/PO Box	9. WORK PHONE: Ext:
City/Town/Post Office	10. FAX NUMBER:
Parish/County	11. EMAIL ADDRESS:
State	12. GENDER:
Zip/Postal Code	Male Female 13. DATE OF BIRTH:
Country	Day Month Year
	14. Marital Status:
	Single Married Common Law Legally Separated

Divorced

Widowed

15. RELIGION/DENOMINATION:	23. CAMPUS
16. COUNTRY OF BIRTH/NATIONAL OF:	Classroom Distant Learning/Online 24. APPLICATION TYPE
17. COUNTRY OF CITIZENSHIP:	International Exchange 25. PROGRAMME LEVEL:
18. a) COUNTRY OF RESIDENCE:	☐ Certificate/Diploma/ ☐ Advanced
b) Duration (yrs):	diploma/PGD /Professional
19. a) DO YOU HAVE A DISABILITY? (This Information is needed in case special facilities are required) Yes No	Certification/ Master's Degree Masters/Doctorate Programme
b) If yes, please specify:	MBA Professional program
Section B - Campus, Faculty & Courses 20. PERIOD OF STUDY	26. PROGRAMME OF CHOICE (you may visit https://unicaribbeanedu.site123.me to select your programme):
Spring Summer Fall 21. EXPECTED ADMISSION DATE	27. HOUSING CHOICE
Month Year	UBS HOUSING SHARED ROOM/APARTMENT
	28. HOW DID YOU OBTAIN INFORMATION ABOUTUBS? UBS Alumni
 Section C - Academic Qualifications 29. Please provide details of your current studies. You 1. Request the Registrar of your home institution to send on Lagos, Nigeria. Note: Documents not in English must be accompanied by of 	ne official transcript to the Registrar, Unicaribbean Business School,
Programme/award Institution name Countri	ry Attendance dates Completion/Expected completion date

Cootion D. Academic Coolifications	
Section D - Academic Qualifications	
30. ENGLISH PROFICIENCY	
 a) Is English your first language? (If yes, you need not complete the English Proficiency section of this 	s form).
(ii yes, you need not complete the English Fronciency section of this	Tes
Section E - Financial Resources	
31. Expected source of Funding	32. Will you be able to meet your financial obligation
Government (Specify) Loan	by the time of acceptance?
Self Institution of Origin	Yes No
Donor (Specify) Parents	
Award (Specify)	
Awaru (Specily)	
Section F - Employment Information	
	f) Address:
33. Please indicate current employment information (if applicable)	
a) Are you self employed?	Apt/Street/PO Box
Yes No	City/Town/Post Office
b) If yes, indicate the Type of Business	
	Parish/County
c) Name of Employer (if applicable)	T anoth boarty
d) Decition	State
d) Position	
	Zip/Postal Code Country
e) From: Day Month Year	
	I

Section G - Emergency Contact Information

34.	Please indicate information for an emergency contact person	Address:
a)	Name	Apt/Street/PO Box
	Title:	
		City/Town/Post Office
	Last Name/Surname:	
		Parish/County
	First Name:	State
	Middle Initial:	State
	Wilder Hiller.	Zip/Postal Code
b)	Relationship to applicant:	
		Country
c)	Permanent address:	
	Apt/Street/PO Box	Phone:
		Ext:
	City/Town/Post Office	b) Name of Referee:
	Parish/County	Name of Organization:
	State	Position:
	Zip/Postal Code Country	Address:
d)	Emergency contact home/permanent phone:	Apt/Street/PO Box
e)	Emergency contact cell phone:	City/Town/Post Office
f)	Emergency contact work phone: Ext:	Parish/County
		State
Se	ction H - Referee Information	
35.	Name two referees (Exchange applicants only)	Zip/Postal Code
a)	Name of Referee:	
		Country
	Name of Organization:	
		Phone:
	Position:	Ext:

DECLARATION AND SIGNATURE

I agree:

- To the Unicaribbean Business School communicating with me via electronic means;
- To permit UBS to obtain my academic results from other institutions directly if required
- That if any information provided by me is discovered to be untrue or misleading in any respect, I consent to UBS collecting, storing and disclosing this information to the Federal Ministry of Education Nigeria and any other relevant authority.

I understand that:

- Submitted documents supporting this application become the property of UBS and will not be returned to me;
- UBS may vary or cancel any decision it makes if the information I have given is incorrect or incomplete.

I declare that the information I have given in this appli	cation is correct and complete.
Applicant's signature:	Date:
	D D / M M / Y Y Y Y
Signature of parent/legal custodian, if student is under 18 y	years of age.
Parent's/legal custodian's signature:	Date:
	DD/MM/YYYY
Permission to release information (optional)	
l authorise the following person to access details regarding	g my application (compulsory for students under 18 years of age):
Family name:	Given name:
Relationship to applicant:	Delegate's signature:
Date:	
DD/MM/YYYY	

PLEASE SUBMIT THE FOLLOWING WITH THIS APPLICATION:

- Student application fee of US\$50. Payment can be PAY directly to any of (Unicaribbean Business School banks)
- Photocopy of valid passport
- Proof of completion of English Language Assessment
- Passport size photo (not more than 6 months)
- Affidavit of support form
- •Certified copy of Birth Certificate

Documents Received:	Original documents returned	
Application Fee		
Birth Certificate		
Marriage Certificate		
Deed Poll		
Transcripts		
Certificates/Other qualifications	Signature of UBS Registrar	
Referee Reports		Date (dd/mm/yyyy)
Other (please specify):		
Dean or Nominee/Coordinator	Date (dd/mm/yyyy)	
COMMENTS		