



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

1. NAME

Title: _____ Last Name: _____

First Name: _____

Middle Name(s): _____

2. FORMER NAME (if applicable)

Title: _____ Last Name: _____

First Name: _____

Middle Name(s): _____

3. HAVE YOU PREVIOUSLY APPLIED TO UCC?

Yes No

4. PERMANENT ADDRESS:

Apt/Street/PO Box _____

City/Town/Post Office _____

Parish/County _____

State _____

Zip/Postal Code _____

Country _____

5. MAILING ADDRESS: (if different from 4)

Apt/Street/PO Box _____

City/Town/Post Office _____

Parish/County _____

State _____

Zip/Postal Code _____

Country _____

6. HOME/PERMANENT PHONE:

7. MAILING ADDRESS PHONE:

8. CELL PHONE:

9. WORK PHONE:

Ext: _____

10. FAX NUMBER:

11. EMAIL ADDRESS:

12. GENDER:

Male Female

13. DATE OF BIRTH:

Day _____ Month _____ Year _____

14. Marital Status:

Single Married
 Common Law Legally Separated
 Divorced Widowed

INTERNATIONAL STUDENTS APPLICATION FORM Cont'd.

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 form).

No

Yes

Section E - Financial Resources

31. Expected source of Funding

Government (Specify)

Loan

Self

Institution of Origin

Donor (Specify)

Parents

Award (Specify)

32. Will you be able to meet your financial obligation by the time of acceptance?

Yes

No

Section F - Employment Information

33. Please indicate current employment information (if applicable)

a) Are you self employed?

Yes No

b) If yes, indicate the Type of Business

c) Name of Employer (if applicable)

d) Position

e) From: Day Month Year

f) Address:

Apt/Street/PO Box

City/Town/Post Office

Parish/County

State

Zip/Postal Code Country

INTERNATIONAL STUDENTS APPLICATION FORM Cont'd.

Section G - Emergency Contact Information

34. Please indicate information for an emergency contact person

a) Name

Title:

Last Name/Surname:

First Name:

Middle Initial:

b) Relationship to applicant:

c) Permanent address:

Apt/Street/PO Box

City/Town/Post Office

Parish/County

State

Zip/Postal Code Country

d) Emergency contact home/permanent phone:

e) Emergency contact cell phone:

f) Emergency contact work phone:

_____ Ext: _____

Section H - Referee Information

35. Name two referees (Exchange applicants only)

a) Name of Referee:

Name of Organization:

Position:

Address:

Apt/Street/PO Box

City/Town/Post Office

Parish/County

State

Zip/Postal Code

Country

Phone:

_____ Ext: _____

b) Name of Referee:

Name of Organization:

Position:

Address:

Apt/Street/PO Box

City/Town/Post Office

Parish/County

State

Zip/Postal Code

Country

Phone:

_____ Ext: _____

INTERNATIONAL STUDENTS APPLICATION FORM Cont'd.

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 application is correct and complete.

Applicant's signature: _____ Date: _____
DD/MM/YYYY

Signature of parent/legal custodian, if student is under 18 years of age.

Parent's/legal custodian's signature: _____ Date: _____
DD/MM/YYYY

Permission to release information (optional)

I authorise the following person to access details regarding 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

FOR OFFICIAL USE ONLY

Documents Received:

- Application Fee
- Birth Certificate
- Marriage Certificate
- Deed Poll
- Transcripts
- Certificates/Other qualifications
- Referee Reports
- Other (please specify): _____

Original documents returned

Signature of UBS Registrar

Date (dd/mm/yyyy)

APPROVED

NOT APPROVED

Dean or Nominee/Coordinator

Date (dd/mm/yyyy)

COMMENTS