



UNIVERSITY of GUYANA
INSTITUTE of DISTANCE and CONTINUING EDUCATION
Tel: 225-1488, 223-7490, 223-7490 or 227-0407

APPLICATION FORM FOR ACADEMIC YEAR _____ / _____

Please fill out application form in BLOCK LETTERS, and do not leave any blank spaces. Ensure that you sign the form and include the date. Your failure to complete this form clearly and accurately may affect your registration and certification process.

SECTION I: PERSONAL PARTICULARS

IDCE Student No: _____

NAME IN FULL:

Grid for name entry with columns for SURNAME, FIRST NAME, and MIDDLE NAME.

ADDRESS

Grid for address entry.

DATE OF BIRTH

AGE

MARITAL STATUS

GENDER

Grid for date of birth (D, M, Y).

Grid for age.

Grid for marital status (M, F).

Grid for gender (D, M, Y).

EMAIL ADDRESS: _____

U.G. STAFF

OCCUPATION: _____

Y N

PLACE OF EMPLOYMENT: _____

CONTACT TELEPHONE: HOME _____ WORK _____

SECTION II QUALIFICATIONS

Table with 3 columns: ACADEMIC, PROFESSIONAL / TECHNICAL, TRAINING EXPERIENCE. Includes sub-columns for GCE/CXC/C-sec, GR, YEAR, NAME OF COURSE/PROGRAM, YEAR, TYPE OF TRAINING, YEAR.

SECTION III: COURSES / PROGRAMS

Please indicate the course / program you are interested in. N.B. You may apply for admission to more than one course, but ensure that they are not on the same days. You may use one form for admission in the Academic Upgrading (CXC/C-Sec) program. All other courses/programs require separate forms.

ONE YEAR COURSES

- INDUSTRIAL RELATIONS AND MANAGEMENT
MARKETING MANAGEMENT
EARLY CHILDHOOD EDUCATION 11
SUPERVISORY MANAGEMENT
EARLY CHILDHOOD EDUCATION 1

NB If you are a REPEATER, please state course/s REPEATING: _____

