



**COUNCIL OF LEGAL EDUCATION
ADMISSIONS BOARD
APPLICATION FORM FOR NON-UWI APPLICANTS**

FOR ADMISSION IN 20_____

TO

PLEASE SELECT
ONLY THE
SCHOOL YOU ARE
ZONED TO
ATTEND

EUGENE DUPUCH LAW SCHOOL

HUGH WOODING LAW SCHOOL

NORMAN MANLEY LAW SCHOOL

**RECENT
PHOTOGRAPH**

(Please print and
sign your name at
the back of the
photograph)

N.B. Read the accompanying **INSTRUCTION & INFORMATION SHEET** before completing this form.

Complete the form and return to the Secretary, Admissions Board, Norman Manley Law School, **NOT LATER THAN JANUARY 31** of the year of proposed entry. Complete the form legibly and accurately. Please type or print in block letters. The Admissions Office will **NOT** process a form that is illegible or incomplete. **THE APPLICATION FEE FOR THE ASSESSMENT ALONG WITH THE TRANSCRIPT, ONE RECENT PASSPORT-SIZE PHOTOGRAPH, A CERTIFIED COPY OF YOUR BIRTH CERTIFICATE OR DEED POLL, A CERTIFIED COPY OF YOUR PASSPORT, AND A CERTIFIED COPY OF YOUR MARRIAGE CERTIFICATE (IF APPLICABLE) SHOULD ACCOMPANY THE COMPLETED APPLICATION FORM.**

HAVE YOU PREVIOUSLY APPLIED TO THE ADMISSIONS BOARD?

YES () NO () YEAR APPLIED (IF YES) _____

SECTION A – Details of Applicant

PLEASE PRINT YOUR NAME EXACTLY AS IT APPEARS ON THE DOCUMENT PROVIDING PROOF OF YOUR FULL LEGAL NAME (E.G. BIRTH CERTIFICATE)

LAST NAME _____ FIRST NAME _____ MIDDLE NAME(S) _____

SEX: MALE () FEMALE ()

TITLE: DR. () MR. () MRS. () MISS () MS. ()

PREVIOUS LAST NAME (IF CHANGED) _____

DATE OF BIRTH ____/____/____ COUNTRY OF BIRTH _____
MM DD YY

COUNTRY OF PERMANENT RESIDENCE _____ CITIZENSHIP _____

CONTACT DETAILS: CELL #: _____ HOME #: _____

OFFICE #: _____ EMAIL ADDRESS: _____

CORRESPONDENCE ADDRESS

HOME ADDRESS (IF DIFFERENT FROM CORRESPONDENCE ADDRESS)

NEXT OF KIN/EMERGENCY CONTACT DETAILS:

NAME _____ RELATIONSHIP TO APPLICANT _____

TELEPHONE NUMBERS: CELL _____ HOME _____ OFFICE _____

ADDRESS _____

SECTION B – Educational Background

QUALIFYING LAW DEGREE

NAME OF INSTITUTION THAT AWARDED DEGREE	FULL-TIME (FT) PART-TIME (PT) EXTERNAL (E)	START DATE (YEAR)	DATE OF ACTUAL OR ANTICIPATED PASSING (YEAR)	DEGREE AWARDED (IF ALREADY AWARDED)		
				LL.B <input type="checkbox"/>	J.D. <input type="checkbox"/>	OTHER <input type="checkbox"/>
<div style="border: 1px solid black; height: 60px; width: 100%;"></div>	<div style="border: 1px solid black; width: 50px; height: 30px;"></div>	<div style="border: 1px solid black; width: 50px; height: 30px;"></div>	<div style="border: 1px solid black; width: 50px; height: 30px;"></div>	1 ST <div style="border: 1px solid black; width: 15px; height: 20px;"></div>	3 RD <div style="border: 1px solid black; width: 15px; height: 20px;"></div>	
				2.1 <div style="border: 1px solid black; width: 15px; height: 20px;"></div>	PASS <div style="border: 1px solid black; width: 15px; height: 20px;"></div>	
				2.2 <div style="border: 1px solid black; width: 15px; height: 20px;"></div>	ORD <div style="border: 1px solid black; width: 15px; height: 20px;"></div>	

OTHER DEGREES

NAME OF INSTITUTIONS THAT AWARDED DEGREES	FULL-TIME (FT) PART-TIME (PT) EXTERNAL (E)	SUBJECT OF DEGREE OR NATURE OF OTHER QUALIFICATION	START DATE (YEAR)	DATE OF GRADUATION (YEAR)	CLASS OF DEGREE IF ALREADY AWARDED		
					1 ST	3 RD	
<div style="border: 1px solid black; height: 60px; width: 100%;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="border: 1px solid black; height: 60px; width: 100%;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	1 ST <div style="border: 1px solid black; width: 15px; height: 20px;"></div>	3 RD <div style="border: 1px solid black; width: 15px; height: 20px;"></div>	
					2.1 <div style="border: 1px solid black; width: 15px; height: 20px;"></div>	PASS <div style="border: 1px solid black; width: 15px; height: 20px;"></div>	
					2.2 <div style="border: 1px solid black; width: 15px; height: 20px;"></div>	ORD <div style="border: 1px solid black; width: 15px; height: 20px;"></div>	

POST GRADUATE QUALIFICATIONS

NAME OF INSTITUTIONS THAT AWARDED QUALIFICATIONS	FULL-TIME (FT) PART-TIME (PT) EXTERNAL (E)	START DATE (YEAR)	DATE OF ACTUAL OR ANTICIPATED PASSING (YEAR)	QUALIFICATION

SECTION C – Declaration

I confirm that I have read the Information Sheet and certify that the information given by me is to the best of my knowledge true, complete and correct. I understand that any misrepresentation or material omission of facts on this or any other documents required from me by the Council of Legal Education may be considered as constituting grounds for disciplinary measures.

Applicant's Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

DATE RECEIVED: _____

DECISION/ REMARKS: _____

ACTION: _____

SECRETARY: _____

DATE: _____