

# COUNCIL OF LEGAL EDUCATION (CARIBBEAN)



## ADMISSIONS BOARD ENTRANCE EXAMINATION APPLICATION

FOR ADMISSION IN 20\_\_\_\_\_

TO

- EUGENE DUPUCH LAW SCHOOL  
 HUGH WOODING LAW SCHOOL  
 NORMAN MANLEY LAW SCHOOL

RECENT  
PHOTOGRAPH

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

Complete the form and return to the Secretary, Admissions Board, **BY 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 which is illegible or incomplete. **THE APPLICATION FEE FOR THE EXAMINATION ALONG WITH THE TRANSCRIPT AND ONE RECENT PASSPORT-SIZE PHOTOGRAPH SHOULD ACCOMPANY THE COMPLETED APPLICATION FORM.**

**HAVE YOU PREVIOUSLY APPLIED TO SIT THE ENTRANCE EXAMINATION?**

YES ( ) NO ( ) DATE APPLIED \_\_\_\_\_

### SECTION A – Details of Applicant

\_\_\_\_\_  
LAST NAME FIRST NAME MIDDLES NAME(S)

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

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

PREVIOUS LAST NAME (IF CHANGED) \_\_\_\_\_

CORRESPONDENCE ADDRESS  
ADDRESS)

HOME ADDRESS (IF DIFFERENT FROM CORRESPONDENCE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBERS WHERE APPLICANT CAN BE CONTACTED: OFFICE: \_\_\_\_\_

FAX: \_\_\_\_\_ HOME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NEXT OF KIN/EMERGENCY CONTACT: \_\_\_\_\_ TEL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SEX: MALE ( ) FEMALE ( ) DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ MM DD YY

COUNTRY OF BIRTH \_\_\_\_\_ COUNTRY OF PERMANENT RESIDENCE \_\_\_\_\_

CITIZENSHIP \_\_\_\_\_

**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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 <sup>ST</sup> <input type="text"/> 3 <sup>RD</sup> <input type="text"/>
<input type="text"/>				2.2 <input type="text"/> ORD <input type="text"/>

**OTHER DEGREES**

NAME OF INSTITUTIONS THAT AWARDED DEGREE	FULL-TIME (FT) PART-TIME (PT) EXTERNAL(E)	SUBJECT OF DEGREE	START DATE (YEAR)	DATE OF GRADUATION	CLASS OF DEGREE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 <sup>ST</sup> <input type="text"/> 3 <sup>RD</sup> <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2.1 <input type="text"/> PASS <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2.2 <input type="text"/>

**POST GRADUATE QUALIFICATIONS**

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