COUNCIL OF LEGAL EDUCATION (CARIBBEAN)



ADMISSIONS BOARD

ENTRANCE EXAMINATION APPLICATION **RECENT PHOTOGRAPH** FOR ADMISSION IN 20 TO **EUGENE DUPUCH LAW SCHOOL**

HUGH WOODING LAW SCHOOL NORMAN MANLEY LAW SCHOOL 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** HOME ADDRESS (IF DIFFERENT FROM CORRESPONDENCE

		EM <i>A</i>	EMAIL: TEL:		
		TE			
ADDRESS:					
SEX: MALE()	FEMALE()	DATE OF BIRTH	/		
COUNTRY OF BIRTH	co	DUNTRY OF PERMANENT RES	SIDENCE		
CITIZENSHIP					
SECTION B – Educ	ational Backgroun	d			
UALIFYING LAW DE	GREE				
AME OF INSTITUTION HAT AWARDED DEGREE	FULL-TIME (FT) START D PART-TIME (PT) (YEAR) EXTERNAL(E)		DEGREE AWARDED (IF ALREADY AWARDED) LL.B		
			1 ST 3 RD 2.1 PASS		
			2.2 ORD		
OTHER DEGREES					
NAME OF INSTITUTIONS HAT AWARDED DEGREES	PART-TIME (PT) OR NA	CT OF DEGREE START DATE TURE OF OTHER (YEAR) ALIFICATION	DATE OF CLASS OF DEGREE GRADUATION IF ALREADY (YEAR) AWARDED		
			1 ST 3 RD		
			2.1 PASS ORD		

POST GRADUATE QUALIFICATIONS

NAME OF INSTITUTIONS THAT AWARDED QUALFICATIONS	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 li of my knowledge true, comp omission of fact on this or any be considered as constituting of	lete and correct other documents	. I understand required from mo	that any misrepresent e by the Council of Leg	tation or material
Applicant's Signature:			Date:	
FOR OFFICIAL USE ONLY				
DATE REC EIVED:				
DECISION/ REMARKS:				
ACTION:				
SECRETARY:			DATE-	